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COUNTY BOROUGH OF GRIMSBY

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# ANNUAL REPORT

OF THE

**Medical Officer of Health**

FOR THE YEAR

**1960**

---

INCLUDING REPORT ON THE

**SCHOOL HEALTH SERVICE**



Grimsby.  
Mr. Minter.  
Local Govt. Council.

1960

1000

25 MAY 1961





**COUNTY BOROUGH OF GRIMSBY**

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**Richardsons & Coppin Ltd., Victoria Street, Grimsby.**

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## GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1960)

The Worshipful the Mayor  
(ALDERMAN R. S. HAYLETT, J.P.)

*Chairman*  
ALDERMAN F. G. GARDNER

*Deputy Chairman*  
ALDERMAN E. W. MARSHALL

*Aldermen*

<b>G. H. ATKINSON</b>	Mrs. M. LARMOUR
J. H. FRANKLIN	M. LARMOUR
W. HARRIS, O.B.E.	C. H. WILKINSON, M.B.E., J.P.

*Councillors*

G. H. BERRETT	J. P. MURPHY
A. BRADLEY	A. C. PARKER
W. R. BRUMBY	F. B. PARKES
A. H. CHATTERIS	W. PEARSON
T. M. DAVISON	T. W. SLEEMAN
E. B. DENT	Mrs. L. TRAYER
Mrs. F. E. FRANKLIN, J.P.	W. E. WILKINS
A. W. KENNINGTON	J. A. WINN
Miss J. B. B. McLAREN	

and the following Co-opted Members :—

Mrs. H. L. R. BONTOLT	Mr. T. MUMBY
Mr. R. C. BELLAMY	Dr. E. A. ROBERTSON
Dr. J. COTTRELL, J.P.	Mr. C. W. SPENDELOW

## SUB-COMMITTEES OF THE HEALTH COMMITTEE

## MENTAL HEALTH :—

COUNCILLOR Mrs. FRANKLIN (*Chairman*) ; ALDERMAN Mrs. LARMOUR (*Deputy-Chairman*) ; ALDERMEN GARDNER, M. LARMOUR AND MARSHALL ; COUNCILLORS BRADLEY, BERRETT, DENT, PARKER AND Mrs. TRAYER.

*Co-opted Members* :—MESDAMES H. L. R. BONTOLT, M. CRESSWELL, L. NICHOLLS AND A. B. TURNER ; DR. P. D. CROWLEY.

## PERSONAL HEALTH :—

ALDERMAN WILKINSON (*Chairman*) ; ALDERMAN MARSHALL (*Deputy-Chairman*) ; ALDERMEN GARDNER, M. LARMOUR AND Mrs. LARMOUR ; COUNCILLORS BERRETT, Miss McLAREN, MURPHY, PARKER AND Mrs. TRAYER.

*Co-opted Members* :—MESDAMES M. CRESSWELL AND A. B. TURNER ; MESSRS. T. MUMBY AND J. SULLIVAN ; DR. T. BARROWMAN.

## PUBLIC HEALTH :—

ALDERMAN GARDNER (*Chairman*) ; ALDERMAN MARSHALL (*Deputy-Chairman*) ; ALDERMAN M. LARMOUR ; COUNCILLORS BERRETT, BRUMBY, DENT, KENNINGTON, PARKER, SLEEMAN AND Mrs. TRAYER. *Co-opted Members* :—MESDAMES H. L. R. BONTOLT AND B. HARRISON ; MESSRS. A. CUCKSON, T. HUNT AND N. HOPPER.

## LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

### LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock &c.) Act, 1929.
- The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
- The Grimsby Corporation Act, 1949.

### ADOPTIVE ACTS.

- The Public Health Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Part II, VI, VII & X).
- The Cran Measures Act, 1908.
- The Public Health Act, 1925, (Sections 13 to 33 and 35 of Part II).

### BYE LAWS.

- Provision of means of escape in case of fire in factories in the Borough, 1921.
- Nuisances, 1923.
- Premises where food is prepared or cooked, 1926.
- Tents, Vans, Sheds and Similar structures, 1926.
- Conduct of persons waiting in streets to enter public vehicles, 1930.
- Smoke Abatement, 1936.                      New Streets, 1938.
- Nursing Homes, 1938.                      Seamen's Lodging Houses, 1938.
- Slaughter Houses, 1939.                      Common Lodging Houses, 1940.
- Handling, Wrapping and Delivery of Food, 1948.
- Employment of Children and Street Trading, 1949.
- Scartho Road Cemetery, 1951.
- Cemetery Charges, 1952.
- Nuisances, 1952.
- Hackney Carriages, 1952.
- Brighowgate Bus Station, 1953.
- Building Byelaws, 1953.
- Pleasure Grounds, 1955 and 1959.
- Good Rule and Government, 1955.
- Parking Places, 1956.
- Smoke Prevention, 1957.
- Parking Places in Streets, 1957, 1958, 1959 and 1960.
- Removal of House Refuse, 1958.
- Conveyance of Noxious Matter, 1958.
- The Garden of Rest, Doughty Road, 1959.
- Hackney Carriages, 1960.
- Good Rule and Government, 1960.
- Public Libraries, 1960.
- Sale of Coal, 1960.

### LOCAL REGULATIONS.

- Grimsby Port Health Authority Regulations.
- Projections in Public Streets, 1922.
- Street Collections, 1923.
- Scartho Road Cemetery, 1951.
- Grimsby Public Library, 1953.                      Grimsby Crematorium, 1954.
- Proper Ventilation of Underground Rooms, 1955.
- Grimsby Registration Schemes, 1960.

## STAFF OF THE HEALTH DEPARTMENT, 1960.

### MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

### DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

S. R. W. MOORE, M.B., B.Ch., B.A.O., D.P.H. (from 17.10.60)

### SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNAL AND CHILD WELFARE

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (retired 27.9.60)

### ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS

J. G. J. COGHILL, M.B., Ch.B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

J. L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M.

### PUBLIC HEALTH INSPECTORS

H. PARKINSON, 1, 2. *Chief Public Health Inspector.*

A. MANSON, 1, 2. *Deputy Chief Public Health Inspector.*

W. W. REED, 1, 2. *Senior Public Health Inspector.*

S. F. BURKITT, 1, 2.

S. MASTIN, 1, 2.

J. HUFFORD, 1, 2, (from 1.3.60).

J. WOOD, 1, 2.

D. G. L. MONTGOMERY, 1. (resigned 11.6.60).

R. R. LINCOLN, 1, 2. (from 17.10.60).

D. C. VANSON (Pupil).

### HEALTH VISITORS

Mrs. I. HALDANE, 3, 4, 5. *Superintendent.*

Miss E. M. TIPPLER, 3, 4, 5.

Miss M. C. BAGG, 3, 4, 5.

Miss J. D. M. VARRIE, 3, 4, 5.

Miss K. L. SPENCER, 3, 4, 5.

Miss J. BELL, 3, 4, 5.

Mrs. J. HAVERCROFT, 3, 4, 5.\*

Miss I. R. ADAMSON, 3, 4, 5.

Mrs. M. B. KOZLOWSKI, 3, 4, 5.

Miss M. HARDWICK, 3, 4, 5.

Mrs. I. M. STOREY, 3, 4, 5.

### CLINIC NURSES

Mrs. I. D. MILLS, 3, 4.

Mrs. M. COLEMAN, 3.

Mrs. J. F. WATERHOUSE, 3 (resigned 30.4.60)

Mrs. K. M. THOMPSON, 3. (from 30.5.60 to

30.9.60)

Mrs. J. W. R. MASON, 3. (from 3.10.60).

### TUBERCULOSIS VISITORS

Miss D. ATKIN, 3, 4, 5.

Mrs. R. DONSON, 3, 4.\*

### HOME NURSING SERVICE

Miss F. ENGLEDDOW, 3, 4, 5. *Superintendent.*

Mrs. A. T. LAWE, 3, 4. *Assistant Superintendent.*

and staff of 14 nurses.

### MUNICIPAL MIDWIVES

Miss F. ENGLEDDOW, *Non-medical Supervisor.*

Mrs. A. T. LAWE, *Assistant Non-medical Supervisor.*

Miss D. G. INKPEN, 3, 4. (Retired 18.11.60)

Mrs. C. BEDFORD, 3, 4.

Miss E. BAXTER, 3, 4.

Miss G. A. BAXTER, 3, 4.

Mrs. K. G. GILMOUR, 3, 4.

Miss D. M. DAWSON, 3, 4.

Mrs. K. M. BIRKETT, 3, 4.

Mrs. C. WESTACOTT, 3, 4.

Mrs. C. E. CALTHORPE, 3, 4.

Mrs. G. NUTTER, 3, 4.

Miss J. ORREY, 3, 4.

Miss B. T. PRIDE, 3, 4. (resigned 30.9.60).

Mrs. J. YEOMANS, 4. (from 7.11.60).

Miss H. M. FAWCETT, 3, 4. (from 1.12.60).

**AMBULANCE SERVICE**

E. BROWN, Ambulance Officer, and staff of 26.

**MENTAL WELFARE OFFICERS**

Miss E. M. WOULD, <i>Senior</i> .	Mr. L. C. RACKHAM.
Mr. G. W. A. MACKENZIE.	Miss A. G. BLOWER (resigned 31.8.60).
Miss E. GLOVER (from 9.5.60).*	Mrs. M. TWIDALE (from 22.8.60).*
Mrs. J. V. STRINGER (from 3.10.60).	

**TRAINING CENTRE**

Miss E. PATERSON, <i>Supervisor</i> .	Mrs. L. A. WILLERTON
Miss H. M. BARKER	Miss P. M. WRIGHTAM.
Mrs. A. E. GORRINGE.	Mrs. A. Y. WESTWOOD (temporary from 6.9.60)

**DOMESTIC HELP ORGANISER**

Miss L. BLACKBURN

**SOCIAL WORKER**

Miss A. J. CORBOULD

**CLERICAL STAFF**

W. R. GALE, <i>Chief Clerk</i> .	P. T. KITCHING.
D. AMERY.	Mrs. J. E. KNIGHT.
M. WILKINSON.	Miss S. HORN.

*Public Health Inspector's Sub-Department*

S. NASH	Miss D. A. ROBINSON.
T. H. R. JOHNSON.	Miss M. A. BRYSON (from 1.1.60).

*Maternal and Child Welfare Sub-Department*

Mrs. J. A. POTTER	Miss M. MOORE
Miss S. WILLING	Mrs. R. EARLEY
Mrs. I. SMITH	Mrs. I. E. LONGSTAFF

*Mental Health Sub-Department*

Miss L. E. HUTSON	Miss J. M. TAYLOR
-------------------	-------------------

*Social Worker*

Miss I. HOLDEN

*Domestic Help Services*

Miss B. N. DOUGHTY

*Ambulance Service*

Miss F. FIELDS

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\* Part-time appointment.

1. Public Health Inspector's Certificate.
2. Meat Inspector's Certificate.
3. State Registered Nurse.
4. State Certified Midwife.
5. Health Visitor's Certificate.



## INTRODUCTION

*To the Mayor, Aldermen and Councillors of Grimsby County Borough.*

I have the honour of presenting the Annual Report on the Health of the Borough for the year 1960.

The Registrar General's mid-year estimate of the population shows a decrease of 80 persons, despite the fact that the birth rate is the highest recorded since 1949. This actually represents an excess of 877 births over the total number of deaths and it must be assumed, therefore, that there has been considerable migration of residents either to houses just outside the boundary or to other parts of the country.

The total death rate is very close to the national average, but there has again been a very definite increase in deaths due to lung cancer. It will be observed from the table in the report that the figure for 1960 represents an increase of 22 per cent. on the highest number of deaths previously recorded in Grimsby. This clearly demonstrates that the post-war increase of cancer of the lung has not yet reached its peak.

How much longer will it take for public opinion to realise that the vast revenue obtained from the duty on tobacco is a dear price to pay for the thousands of lives which are being cut short by lung cancer? Possibly when viewed alongside the threat of the hydrogen bomb it fades into insignificance. Continuing research has shown no new cause but rather incriminated even more the part played by smoking. Indeed, the inhabitants of Jersey, which has a very pure air (and cheap tobacco) are also getting cancer of the lung in ever increasing numbers. However real such facts may be it is likely that they will continue to be blurred by the haze of cigarette smoke.

Once more there were no serious epidemics, and only one mild case of poliomyelitis. For the first time on record there was not a single outbreak of food poisoning. It is too early to say that this happy state of affairs is due to the new Food Hygiene Regulations, but full credit must be given to the public health inspectorate and all those who co-operated with them. The immunisation programme was continued at full pressure with excellent results.

The infant mortality rate, although slightly above the average for England and Wales, shows a welcome improvement in the early neo-natal deaths, and the stillbirth rate was the lowest for many years. The number of premature babies was 129 compared with 125 last year. In the absence of a single contributory factor, better ante-natal care is the only hope of reducing this figure.

Tuberculosis is still a disease to be reckoned with and there was an increase in new cases. This is partly accounted for by an all-out effort to trace contacts, but there remains the problem of the remaining reservoir of infection which is thought to be most likely among the indigent and old people with chronic bronchitis. The B.C.G. vaccination programme was extended to all the schools and the percentage of reactors is steadily falling each year. This is proof that the sources of infection in the community are concurrently diminishing. It may well be that B.C.G. vaccine will be the weapon that waged the final blow in the elimination of tuberculosis.

There has been some concern at the increase in venereal disease. In Grimsby there has actually been a fall in the number who contracted syphilis, but a definite trend upwards in those suffering from gonorrhoea. The figures locally could be the normal fluctuation expected in this disease and only time will show if it is a significant increase.

During the year I visited 96 old people who were on the chronic sick waiting list, compared with 114 during 1959. Forty of these required urgent admission mostly because of social needs ; thirty-eight needed hospitalisation chiefly to give hard pressed relatives a well earned rest ; sixteen were able to manage given help by the local authority services ; and two died before they could be visited. While there is still a need for more chronic sick accommodation the situation as a whole was slightly improved, apart from the early months of the year. There was also a better exchange of patients with Part III accommodation.

During the year the department took part in a national survey on leukaemia among adults. It is hoped that the data obtained throughout the country may throw some light on the increased incidence.

The new Mental Health Act came into operation towards the end of the year. Thanks to better contact with the mental hospitals the transition took place much more smoothly than was anticipated. Some of the change was anticipated before the official date and was actually being done beforehand. Co-operation with the local psychiatric unit has improved and this is essential in order to avoid overlapping duties and to ensure a better service for the patient.

Dr. J. W. Hepburn, Senior Assistant Medical Officer for Maternal and Child Welfare, retired on the 27th September after 38 years service in the Grimsby Health Department. This must be a record for any medical officer with one authority. Many tributes were paid to the high standard of her work both by members of the Council and by her colleagues. Her personal interest in the welfare of the mothers and children under her care has been an example to us all. While wishing her a long and happy retirement, we welcome Dr. Moore to the post of Deputy Medical Officer of Health.

Liaison with other departments of the Corporation, the hospital and general medical services has been, as usual, most friendly. This not only makes work more pleasant, but improves the services.

My grateful thanks are due to the Chairman and members of the Health and sub-committees for their sympathetic consideration of the matters placed before them, and to the staff for their loyal service.

R. GLENN,  
*Medical Officer of Health.*

HEALTH DEPARTMENT,  
1, Bargate, Grimsby.

June, 1961.



## PART I.—STATISTICS AND SOCIAL CONDITIONS

## SUMMARY OF STATISTICS

Area (in acres)—excluding foreshore .....				5,863
Registrar General's estimate of population, mid-1960 .....				97,030
No. of inhabited houses (end of 1960) according to Rate Books ..				29,750
Rateable Value .....				£1,204,142
Sum represented by a penny rate .....				£4,971
Live Births :—	Males	Females	Total	
Legitimate ..	948	861	1,809	
Illegitimate ..	51	49	100	
	<u>999</u>	<u>910</u>	<u>1,909</u>	
Live birth rate per 1,000 population .....				19.6
Adjusted live birth rate (area comparability factor 1.00) .....				19.6
Illegitimate live births per cent of total live births .....				5.2
Stillbirths :—				
Legitimate ..	22	27	49	
Illegitimate ..	5	2	7	
	<u>27</u>	<u>29</u>	<u>56</u>	
Stillbirths rate per 1,000 total live and still births .....				28.5
Total live and still births .....				1,965
Infant deaths :—				
Legitimate ..	27	20	47	
Illegitimate ..	—	1	1	
	<u>27</u>	<u>21</u>	<u>48</u>	
Infant Mortality rates :—				
Total infant deaths per 1,000 total live births .....				25.1
Legitimate infant deaths per 1,000 legitimate live births .....				25.9
Illegitimate infant deaths per 1,000 illegitimate live births .....				10.0
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)				15.2
Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births) .....				12.0
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) .....				40.2
Maternal mortality (including abortion) :—				
Number of deaths .....				1
Rate per 1,000 total live and still births .....				0.50
Deaths (Males 572 ; Females 460) .....				1,032
Death rate .....				10.6
Adjusted death rate (area comparability factor 1.12) .....				11.9

							<i>Number</i>	<i>Rate</i>
Deaths from measles	..	..	..	..	..	..	Nil	—
„ „ whooping cough	..	..	..	..	..	..	„	—
„ „ diphtheria	..	..	..	..	..	..	„	—
„ „ respiratory tuberculosis	..	..	..	..	..	..	6	0.06
„ „ other tuberculous diseases	..	..	..	..	..	..	2	0.02
Total tuberculosis deaths	..	..	..	..	..	..	8	0.08
Deaths from cancer	..	..	..	..	..	..	221	2.27
„ „ influenza	..	..	..	..	..	..	1	0.01

**Population.**—(Table 1, page 54). The Registrar General's estimate of the home population of Grimsby at mid-year 1960 was 97,030, a decrease of 80 on his estimate for the previous year. The natural increase of the population *i.e.*, the excess of live births over deaths, was 877.

**Births.**—(Tables 1 and 2, pages 54 & 55). There were 1,909 live births (999 males and 910 females), giving a birth rate of 19.6 per thousand of the population compared with 17.1 for England and Wales. The latter rate is the highest recorded since 1948.

One hundred (5.2 per cent) of the live births were illegitimate, the illegitimacy rate being 52.3 per thousand live births. The corresponding rate for England and Wales was 54.00.

**Stillbirths.**—Fifty-six stillbirths were registered, giving a rate of 0.57 per thousand of the population. The rate expressed per thousand total (live and still) births was 28.5, while for England and Wales it was 19.7.

**Deaths.**—(Tables 3 and 4, pages 55 & 56). There were 1,032 deaths (572 males and 460 females), equal to a death rate of 10.6.

The adjusted death rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.12) was 11.9 compared with 11.5 for England and Wales.

Six hundred and thirty-six persons—comprising residents and non-residents—died in institutions in the borough, equivalent to 52.5 per cent. of the total deaths registered.

Deaths of residents at 70 years of age and upwards totalled 566, the number at age periods being :—

					MALES	FEMALES	TOTAL
Between	70 and under 75 years	..	..	..	86	73	159
„	75 and under 80 years	..	..	..	72	76	148
„	80 and under 85 years	..	..	..	65	78	143
„	85 and under 90 years	..	..	..	36	54	90
90 years and over	..	..	..	..	9	17	26

This is almost equal to 55 per cent. of the total deaths.

Table 4 gives the causes of death in age periods and has been compiled from figures supplied by the Registrar General.

**Infant Mortality.**—There were 48 deaths under one year of age, giving an infant mortality rate of 25.1 per thousand live births. The rate for England and Wales was 21.7, the lowest ever recorded in this country.

The infant deaths are classified by cause in Table 5 (page 57).

**Neo-Natal Mortality.**—Twenty-nine of the 48 deaths recorded above were of infants under 4 weeks, representing a rate of 15.2 per thousand live births. The corresponding rate for England and Wales was 15.6.

The early neo-natal mortality rate for Grimsby—there were 23 deaths of infants under one week of age—was 12.0 per thousand live births.

**Perinatal Mortality.**—The combined number of stillbirths and deaths of infants under one week of age was 79, which gives a rate of 40.2 per thousand total live and still births.

**Maternal Mortality.**—One maternal death occurred in a Grimsby resident, giving a rate of 0.50 per thousand total live and still births ; for England and Wales it was 0.39.

**State of Employment.**—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the Grimsby Rural District. Separate figures are not available.

Total live register in January, 1960	
(males 1,681 ; females 178) ..	1,859

Total live register in July, 1960	
(males 595 ; females 69) ..	664

Total live register in December, 1960	
(males 1,063 ; females 123) ..	1,186

These figures include temporary stopped claimants.

The number of residents known to have left Grimsby permanently to take up employment in other areas (excluding daily travel) was 31 (males 30 ; female 1).

**Rainfall.**—The total rainfall recorded during the year was 29.20 inches, the heaviest fall being 1.48 inches on the 9th October. The wettest month was also October with a rainfall of 7.05 inches.



## PART II.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

### NOTIFIABLE INFECTIOUS DISEASES.

The incidence of notifiable diseases (other than tuberculosis) was as follows :—

Diseases	Total Cases notified.	Cases admitted to Hospital.	Total Deaths
Scarlet fever .. .. .	105	—	—
Measles .. .. .	60	—	—
Whooping cough .. .. .	80	1	—
Acute pneumonia .. .. .	8	2	33
Acute poliomyelitis —			
Paralytic .. .. .	1	1	—
Meningococcal infection .. .. .	2	2	2
Dysentery .. .. .	136	3	—
Ophthalmia neonatorum .. .. .	2	—	—
Puerperal pyrexia .. .. .	1	—	—
Erysipelas .. .. .	2	1	—
Acute rheumatism .. .. .	1	—	—
Malaria (believed to be contracted abroad) .. .. .	1	1	—
Chicken pox .. .. .	628	—	—
<b>Totals .. .. .</b>	<b>1,027</b>	<b>11</b>	<b>35</b>

No notifications were received of other notifiable diseases not specified in the table above, *e.g.*, diphtheria, smallpox, food poisoning, etc., and Table 6 on page 58 gives the age and sex distribution of the total cases notified.

**Scarlet Fever.**—105 cases (53 males and 52 females) were notified, compared with 157 in 1959. None of the cases were treated in hospital.

**Measles.**—60 cases (33 males and 27 females) were reported compared with 754 the previous year. None of the cases were admitted to hospital and there were no deaths.

**Whooping Cough.**—80 notifications (39 males and 41 females) were received compared with 223 the previous year. One case was treated in hospital.

**Pneumonia.**—8 cases of primary pneumonia were reported, two being admitted to hospital. Thirty-three deaths were ascribed to all forms of pneumonia, giving a death rate of 0.34.

**Acute Poliomyelitis.**—One case of paralytic poliomyelitis was notified a boy, aged 4 years, who was treated in hospital. This patient had not been immunised.

**Meningococcal Infection.**—Two cases were reported in females, aged 13 years. Both were treated in hospital, but one girl died shortly after admission. A further death in an infant of 6 months occurred from this condition, but the case was not notified as the cause of death was not ascertained until after a post mortem examination had been held.

**Dysentery.**—Notifications of this disease totalled 136 (71 males and 65 females) compared with 1,051 in 1959, and 3 of the patients were admitted to hospital. Most of the cases were caused by *Shigella Sonnei* and the clinical symptoms were mild.

**Ophthalmia Neonatorum.**—Two cases of this disease were notified. The services of a district nurse are offered by the local authority in all cases nursed at home.

**Puerperal Pyrexia.**—Only one notification of a case treated at home was received, and the services of a district nurse was offered by the local authority. The attack rate per thousand total births was 0.5.

**Erysipelas.**—Two cases of this disease were notified, one being treated in hospital.

**Acute Rheumatism.**—The Acute Rheumatism Regulations require the notification of cases of acute rheumatism in persons under 16 years of age occurring in certain specified parts of England, and one such case (a girl, aged 8 years) was reported compared with 5 the previous year.

Each case is finally reported on by the consultant cardiologist for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. The case was thus duly confirmed.

**Chicken Pox.**—Notifications of this disease totalled 628 (330 males and 298 females) compared with 852 the previous year. None of the cases were admitted to hospital.

**Influenza.**—Although this is not a notifiable disease unless complicated by pneumonia, one death (a male) was certified as due to influenza, compared with 7 in 1959.

**Public Health (Infectious Diseases) Regulations, 1953.**—It was not necessary to take any action under these Regulations during the year.

### CANCER.

The number of deaths due to cancer was 221 (133 males and 88 females). The local death rate from this cause was 2.27 compared with 2.15 for England and Wales. The rates for the previous year were 2.14 and 2.13 respectively.

Of the total deaths from cancer 60 (56 males and 4 females) were due to cancer of the lung and bronchus, which is equal to a rate of 0.61 per thousand population for Grimsby ; for England and Wales it was 0.48. The corresponding rates for 1959 were 0.47 and 0.46 respectively.

Deaths from cancer of the lung and bronchus since 1954 have been as follows :—

<i>Year</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
1954	.. ..	37	4	41
1955	.. ..	43	4	47
1956	.. ..	33	6	39
1957	.. ..	39	5	44
1958	.. ..	32	5	37
1959	.. ..	40	6	46
1960	.. ..	56	4	60

Other cancer death rate was 1.66 (England and Wales 1.67), compared with rates of 1.67 respectively for last year.

## TUBERCULOSIS

**Notifications.**—(Tables 7 and 8, page 59). Notifications under the Public Health (Tuberculosis) Regulations, 1952, totalled 81, compared with 63 the previous year. A further 24 cases of tuberculosis (22 pulmonary and 2 non-pulmonary) already notified in other areas moved into the borough.

**Deaths.**—(Tables 9 and 10, page 60). The following shows the number of deaths and the death rate from tuberculosis per thousand of the population :—

	<i>Number of deaths</i>	<i>Death rates</i>
Respiratory .. .. .	6	0.06
Other forms .. .. .	2	0.02
Total ..	8	0.08

The death rate for all forms of tuberculosis in England and Wales for 1960 was 0.075 (respiratory 0.068 ; other forms 0.007).

Only one death occurred which had not been previously notified, and this was a resident in Part III accommodation. All the other residents were subsequently investigated at the Chest Clinic, but no further cases were detected.

**Revision of Register.**—The names of 116 persons were removed from the register during the year, these consisting of :—

Diagnosis not established .. .. .	2
Recovered .. .. .	64
Died .. .. .	7
Died from causes other than tuberculosis .. .. .	12
Not desiring public medical treatment .. .. .	6
Left district .. .. .	23
Not found after adequate search .. .. .	2

On 31st December, 1960, there were 813 cases on the register of the Medical Officer of Health, 722 pulmonary and 91 non-pulmonary. It is pleasing to note that in spite of an increase in notifications and a decrease in the number of persons removed from the register, the trend is for the total number of tuberculous cases in Grimsby to decrease.

**Mass Radiography.**—The Lincolnshire Mass Radiography Unit carried out a chest survey of the adult population in Grimsby during the summer months, and the following information is available :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Miniature films taken .. .. .	7,428	4,384	11,812
Recalled for (a) large films .. .. .	129	87	216
(b) clinical examination .. .. .	121	82	203
Referred to (a) Chest Clinic .. .. .	36	16	52
(b) own doctor .. .. .	28	21	49
Pulmonary (a) close clinic .. .. .			
tuberculosis—supervision etc. .. .. .	7	5	12
(b) occasional supervision .. .. .	2	—	2
Post primary inactive pulmonary tuberculosis .. .. .	12	12	24
Bronchiectasis .. .. .	1	—	1
Malignant neoplasm .. .. .	3	—	3
Cardiac abnormality .. .. .	34	25	59
Sarcoidosis .. .. .	1	—	1



**Chest Clinic.**—The following information has been supplied by Dr. J. Glen, consultant chest physician, and is a general analysis of the work carried out in regard to Grimsby patients at this clinic during 1960.

<i>New cases examined (excluding contacts) :</i>					<i>Total</i>
(a)	Definitely tuberculous	..	..	61	} .. .. 2,783
(b)	Diagnosis not completed	..	..	63	
(c)	Non-tuberculous	..	..	2,659	

*Contacts examined :*

(a)	Definitely tuberculous	..	..	17	} .. .. 958
(b)	Diagnosis not completed	..	..	28	
(c)	Non-tuberculous	..	..	913	

Cases written off Clinic Register, including 3,629 non-tuberculous .. 3,746

*Cases on Clinic Register as at 31st December, 1960 :*

(a)	Definitely tuberculous	..	..	828	} .. .. 921
(b)	Diagnosis not completed	..	..	93	

Total attendances at Clinic, including contacts	..	..	..	7,921
Consultations with medical practitioners	..	..	..	7,649
Home visits by nurses	..	..	..	2,825
X-ray examinations :— Radiographic film	..	..	..	3,733
Fluorographic screen	..	..	..	1,800

As anticipated in the report for 1959 when an unusually low number of new diagnosed cases of tuberculosis were discovered (61 including contacts) the figure for 1960 has increased to 78, including those found in contact examination.

The number of deaths from all forms of tuberculosis during the same period was 8 and this exceptionally low rate again demonstrates the treatability of the disease.

Non-tuberculous conditions requiring special investigation referred to the Chest Clinic during the year were as follows :—

	<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer .. .. .	45	3	—
Bronchiectasis .. .. .	5	9	—
Asthma .. .. .	25	29	11
Unresolved Pneumonia .. .. .	14	7	1
Lung Abscess .. .. .	—	2	—
Non-tuberculous Effusions .. .. .	1	1	—
Cardiac Conditions .. .. .	19	8	—
Spontaneous Pneumothorax .. .. .	7	1	—
Empyema .. .. .	1	—	—
Cystic Disease .. .. .	1	1	—
Sarcoidosis .. .. .	1	3	—
Other Conditions .. .. .	10	13	1
Diaphragmatic Hernia .. .. .	1	1	—
Totals .. .. .	130	78	13

**Cancer.**—There has been a very slight decrease in the number of cases of carcinoma discovered through the Chest Clinic and the Springfield Hospital during the year under review. This cannot be taken to indicate a decrease in the condition in the town in general, as many cases emanate from other sources.

**Bronchiectasis.**—Little change has been noted in the incidence of this condition during 1960.

**Asthma.**—There is still a tendency for the number of these cases to increase,—65 in 1960 as compared with 52 in the previous year. One reason for this is that more cases of this type are being referred to the Chest Clinic, due largely to the hopeful benefit obtained from a variety of modern drugs.

**Unresolved Pneumonia.**—In 1959 only 4 cases were recorded, but in 1960 a considerable increase in this type of case arose, the figure being 22. The increase is probably due to the fact that general practitioners realise if prompt resolution does not occur as expected it is important that a spell of intensive hospital treatment can result in more rapid clearing of the condition.

**Cardiac Conditions.**—During 1960 there was again an increase in the number of these cases, but this is mainly due to our greater interest in chronic bronchitics and the fact that a considerable number of cases of Cor Pulmonale are seen.

Number of New Cases referred to the Chest Clinic by General Practitioners, Institutions, Clinics, etc., in recent years.

<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1956	1,251	1,667	360	3,278
1957	1,023	1,800	430	3,253
1958	999	1,690	372	3,061
1959	813	1,601	321	2,735
1960	1,072	1,429	282	2,783

Generally speaking the figures remain much the same as for the previous year. The reduction in the number of children referred to the Clinic, which has been evident in recent years, is no doubt due to the presence of an efficient paediatric service being established in the area.

**Preventive Care.**—This branch of the work embraces many sections but perhaps one outstanding example is on the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child, say under four years, with a positive tuberculin test, but who is apparently well and symptomless, I have resorted to institutional anti-tuberculous drug treatment as a preventive measure.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition and no case of tuberculous meningitis has arisen during the year in the children under our care.

The B.C.G. Vaccination campaign continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has been continued to a marked degree. Experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants and staff are particularly watchful in performing this protection in the case of contact babies born in the maternity hospitals in the area.

The number of successful vaccinations has increased from 353 in 1959 to 442 in the year under review, as follows :—

	<i>A.M.</i>	<i>A.F.</i>	<i>M.C.</i>	<i>F.C.</i>
Contacts .. .. .	15	45	166	161
On behalf of local authority .. .. .	—	2	4	2
Hospital in-patients .. .. .	1	—	7	7
Hospital staffs .. .. .	1	31	—	—
Total .. .. .	17	78	177	170

The high number of contacts seen through the Clinic reflects the vigilance of the health visitors in bringing them along. During 1960 no less than 17 contacts were diagnosed as tuberculous. Many of these would have escaped for a long while but for the facilities available for contact testing. The ascertainment of such cases is particularly important as they are often found to have a minor degree of tuberculous disease which is sometimes treatable without hospitalisation or even, in certain cases, without disturbance of the person's day to day life.

Another important point in preventive care work is good and adequate housing accommodation for the patient and family. In this respect there is complete co-operation between the local authority and the Chest Clinic for necessitous cases, mostly of the infectious type, to receive alternative accommodation, whilst those living in overcrowded conditions or where a separate bedroom cannot be set aside for the case are also assisted. As in the previous year the Housing Committee has been very helpful indeed.

It has now been possible to absorb the chronic bronchitic patients into the routine sessions. The use of chemotherapy and other drugs has proved of great benefit to patients, although the problem of dealing with this class of case still remains.

A separate evening session is also held for cases in need of physiotherapy, breathing exercises and postural drainage. Sessions are held periodically by Mr. R. C. Barclay, F.R.C.S., part of which are devoted to the assessment of bronchiectatic cases suitable to surgery, as well as the follow-up of his operative cases in this area. This arrangement has been found to be very helpful in the assessment of difficult patients.

**After-Care.**—The Grimsby Tuberculosis Care Committee was formed in 1925, and from those early days, when its main expenditure was in the provision of extra nourishment to cases, it has kept abreast of the times until its activities are now many and varied. In dealing with the needs of patients close contact is maintained with the officers of the National Assistance Board to avoid duplication of help and yet at the same time enable both parties to grant the maximum of essential aid.

The provision of convalescent home treatment to selected patients has been continued, the voluntary funds being financially responsible for maintenance charges, travelling and pocket money grants.

New aerals were erected to a ward at the chest hospital and new tube and valves fitted to a T.V. set on the female ward.

Christmas grants were made to patients under domiciliary supervision from the Chest Clinic and to those in the chest hospital.



Apart from the daily supply of extra nourishment to patients one of the main charges against the Committee is in helping with the provision of clothing and bedding, payment for fuel supplied, including domestic electricity and gas.

**Employment Conditions.**—Facilities for the sheltered employment of tuberculosis cases in this area do not exist. The present method of treatment of these cases enables a high percentage to return to their previous occupation and the need for sheltered employment is not particularly acute.

**Follow-up of Cases.**—As the one full-time and one part-time Tuberculosis Health Visitors also carry out duties as clinic nurses and radiographers there is a complete follow-up of patients. This is a satisfactory arrangement as any case showing retrogression, on waiting list for institutional treatment, under chemotherapy, etc., is immediately re-visited at home. In this way the nurses are fully aware of what is happening and this tends to a more intimate touch between patient and the clinic staff.

### VENEREAL DISEASES.

The special out-patient clinic for venereal diseases at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee. The times at which sessions are held with the venereologist in attendance are :—

Males :—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays, 2 p.m.

Females :—Mondays, 2 p.m.; Thursdays, 10 a.m. and 4.30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 225 Grimsby residents attended this clinic for the first time, the classification of these cases being :—

Condition	Males	Females	Total
Syphilis .. ..	5	3	8
Gonorrhoea .. ..	44	12	56
Other conditions ..	125	36	161
	174	51	225

For the purpose of comparison, the following gives the number and type of new cases by sex attending the clinic in the past five years :—

	Syphilis		Gonorrhoea		Other Conditions		Total Cases
	M.	F.	M.	F.	M.	F.	
1956 ..	9	10	17	7	98	23	164
1957 ..	8	7	18	2	119	24	178
1958 ..	1	3	30	7	100	15	156
1959 ..	3	6	39	11	130	21	210
1960 ..	5	3	44	12	125	36	225

Information about the location and times of sessions of the clinic are circulated to shipping by the port health inspectors, and plaques shewing the days and times of clinic sessions and other relevant information were renewed in all public conveniences in the borough and port.

## PART III. LOCAL HEALTH SERVICES

### CARE OF MOTHERS AND YOUNG CHILDREN

**Infant Welfare Centres.**—The total number of attendances both in children under 1 year and those between the age of 2 and 5 was the same as for last year—16,547. There were 13,475 attendances of those under one year, 143 less than in 1959. In the 2 to 5 group, there were 3,072 attendances, 143 more than in 1959.

Eight infant welfare sessions are held at six centres (three in church halls). Attendances at the various sessions have been similar to those of last year, with a slight increase in the numbers at Nunsthorpe, where there are more new families and parents are of the child bearing age.

Full opportunity is taken at these sessions for health education. A pilot scheme for immunisation and vaccination of infants was commenced towards the end of the year at the morning session at Nunsthorpe. This has not been the usual procedure at infant welfare clinics in Grimsby, and the scheme was instituted to test mothers' reactions. It was felt that an excellent opportunity for immunisation and vaccination may be had at infant welfare clinics and that mothers who do not usually attend will now make an appearance, seeking this further service. They will then come within reach of health education and advice at clinics, with an accumulative benefit all round. Mothers' reactions have been very satisfactory. As mentioned under "Health Education", we have been again indebted to the Young Wives' Group attached to St. James' Church for the provision of tea, friendly advice and good hospitality at Hope Street clinic.

The availability of the baby scales continues to be of value not only to mothers with breast feeding problems but also in the careful follow up of premature or poorly babies. Knowledge of actual weight gain is still important and necessary. One or two general practitioners have requested this test feeding service and the health visitor is more than willing to co-operate. Of the 108 cases with breast feeding problems, 67 continued to breast feed successfully.

**Distribution of Welfare Foods and Nutritives.**—Sales from the central office in Victoria Street and infant welfare clinics were as follows :—

	1959	1960
National Dried milk, tins .. ..	56,400	56,025
Orange juice, bottles .. ..	49,721	48,894
Cod liver oil, bottles .. ..	6,060	5,721
A & D vitamin tablets, packets ..	6,057	6,394

**Mothercraft.**—Attendances at mothercraft classes totalled 2,199 and there were 298 new cases.

Young mothers, especially those expecting their first child, are keen to attend these mothercraft classes. The older mother of the larger family has usually already attended with an earlier pregnancy and now finds it difficult to leave the home. She also has had practical experience and understanding of earlier pregnancies and feels that she has nothing further to learn.

Mothers who are referred to ante-natal clinics by their own general practitioner obstetricians for blood testing and chest x-rays are advised by midwives and medical officers of the purpose and aims of these mothercraft classes and of the benefit of relaxation exercises. Health visitors, midwives and medical officers work together to make a mother's visit to the local authority clinic as pleasant and fruitful as possible.

There were 787 attendances at the Parents' Club at Watkin Street. A varied programme was completed, activities of the club still being 50 per cent educational.

**Ante-natal clinics.**—1,158 cases, including 981 new cases, made a total of 3,136 attendances. 2,511 of these were made at midwives' sessions and only 625 at medical officers' sessions.

The number of women who now book their own general practitioner obstetrician for their confinement and ante-natal care has again increased. The older mother, who has attended the local authority ante-natal clinic with previous pregnancies still prefers to have her ante-natal care at the clinic, but she is becoming very much a rarity as time goes on. Most mothers attending have been referred by their own doctor for blood tests and for chest x-ray examination only. This is as it should be; a mother benefits by care throughout her pregnancy, ante-natally, at confinement and post natally, being assumed by the same medical attendant, and particularly if the medical attendant is her own family doctor, but the benefits of health education, exercises and relaxation classes should not be denied her.

Only 22 cases did not book a general practitioner obstetrician for confinement during 1960.

**Post-natal clinics.**—Twenty-eight cases made 38 attendances. These cases are seen at the end of ante-natal sessions.

**Infant Mortality.**—There was an increase in the infant mortality rate from 22.0 in 1959 to 25.1 in 1960, but this was the same as in 1958. Of the 48 deaths notified, 29 were neo-natal. Nineteen cases were over the age of one month at the time of death, the causes being :—

Respiratory diseases .. ..	8	Other infective and parasitic	
Pneumonia .. ..	3	diseases .. ..	1
Congenital malformations ..	3	Enteritis and diarrhoea ..	1
Meningococcal infections ..	1	Post Natal asphyxia and	
		atelectasis .. ..	1
		Other causes .. ..	1

The neo-natal mortality rate was 15.2 as compared with 13.4 in 1959, but less than the previous year.

The 29 neo-natal deaths were due to :—

Post natal asphyxia and		Pneumonia .. ..	1
atelectasis .. ..	10	Injury at birth .. ..	1
Immaturity .. ..	8	Pemphigus and sepsis of new-	
Respiratory diseases .. ..	2	born .. ..	1
Congenital malformations ..	2	Haemolytic disease of newborn	1
		All other causes .. ..	3

**Notification of Births.**—There were notified 1,858 live births and 57 stillbirths as compared with 1,804 and 55 in 1959.

**Prematurity.**—Premature live births notified numbered 129, 4 more than in 1959.



One hundred of these were born in hospital, 29 in their own home, and 90.7 per cent survived 28 days. The percentage of those surviving 28 days was (a) born in hospital—89 ; (b) born at home—99 ; and (c) born at home and nursed in hospital—100. The survival rate was rather higher than in 1959.

Weight at birth	Premature Live Births								
	Born in Hospital			Born at Home and nursed entirely at home			Born at Home and transferred to hospital before 28th day		
	Total (1)	Died in 24 hrs. (2)	Survived 28 days. (3)	(1)	(2)	(3)	(1)	(2)	(3)
3-lb. 4-ozs. or less ...	19	6	10	—	—	—	3	—	3
Over 3-lb. 4-ozs. up to and including 4-lb. 6-ozs. ...	20	1	18	2	—	1	1	—	1
Over 4-lb. 6-ozs. up to and including 4-lb. 15-ozs. ...	19	—	19	3	—	3	—	—	—
Over 4-lb. 15-ozs. up to and including 5-lb. 8-ozs. ...	42	—	42	18	—	18	2	—	2
<b>Totals</b>	<b>100</b>	<b>7</b>	<b>89</b>	<b>23</b>	<b>—</b>	<b>22</b>	<b>6</b>	<b>—</b>	<b>6</b>

**Stillbirths.**—Enquiries made into the 57 cases of stillbirths notified (12 of these being outward transfers) showed that 12 cases occurred at home, the rest in hospital. 25 cases were associated with prematurity, and 17 cases were macerated.

Contributory causes were :—

Congenital defects ( <i>e.g.</i> Anencephalic exomphalus, meningocele)	10	Twin pregnancy	..	3
Ante-partum haemorrhage	.. 9	Essential hypertension	..	1
Cord abnormality	.. 7	Placental insufficiency	..	1
Pre-eclamptic toxæmia	.. 6	Breech presentation	..	1
Rhesus incompatibility	.. 5	Unknown	..	10
Post maturity	.. 4			

The following tables indicate the period of gestation and weight of foetus.

Period of gestation	Weight of foetus
28 weeks .. 3	Under 3 lbs. .. 4
29 „ .. 1	3 lbs. and under 4 lbs. .. 9
30 „ .. 1	4 lbs. and under 5 lbs. .. 6
31 „ .. 1	5 lbs. and under 6 lbs. .. 8
32 „ .. 3	6 lbs. and under 7 lbs. .. 13
33 „ .. 3	7 lbs. and under 8 lbs. .. 8
34 „ .. 6	8 lbs. and under 9 lbs. .. 7
36 „ .. 3	9 lbs. and under 10 lbs. .. 1
37 „ .. 1	12 lbs. and under 13 lbs. .. 1
38 „ .. 5	
39 „ .. 5	
40 „ .. 13	
41 „ .. 5	
42 „ .. 7	

Seventeen per cent of the total stillbirths notified occurred in first pregnancies, and 30 per cent were admitted to hospital as emergencies.

**Maternal Mortality.**—There was one maternal death during 1960. This death was due to septicaemia following a septic abortion in a woman who did not seek medical attention of any kind during her pregnancy. She was already dead when admitted to hospital.

**Ophthalmic treatment.**—Twenty-one cases were referred from maternal and child welfare centres and received treatment.

**Ophthalmia Neonatorum.**—Two cases were notified and in no case was there any impairment of vision.

**Pemphigus Neonatorum.**—No case was reported during the year.

**Orthopaedic.**—Fifty-three cases were referred from maternal and child welfare centres for orthopaedic treatment as compared with 74 the previous year.

**Child Minders.**—The licence was withdrawn from the one person registered under the Nurseries and Child Minders Regulations Act, 1948, on her removal to premises unsuitable for this purpose.

## DENTAL TREATMENT

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	233	202	170	127
Children under five	379	306	285	261

Forms of dental treatment provided :—

	Sealings and Gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	81	148	—	—	639	131	41	31	15
Children under five	19	90	39	—	535	226	—	—	—

## MIDWIFERY

During the year 714 confinements were attended by municipal midwives. In only 22 cases was no general practitioner obstetrician booked. Out of a total of 692 cases who booked a general practitioner obstetrician, in only 96 confinements was the doctor actually present at the time of delivery, that is, in 86 per cent of the total cases the midwife acted as a midwife and not as a maternity nurse. Ninety-two additional cases were booked but for various reasons were taken into the Grimsby Maternity Hospital for delivery. However, most of these were discharged on the 2nd and 3rd day to the midwives for home nursing.

Hospital discharges continue to increase, there being 926 cases with 3,665 visits paid in 1960, as compared with 752 cases and 2,098 visits paid in 1959.

Nine pupil midwives received Part II training on the district during the year and they delivered 129 cases.

One additional midwife has been approved as a teaching midwife and has taken pupils when necessary. One midwife retired and another transferred to the District Nursing Service, replacements being obtained for both. Three midwives attended Statutory Post Graduate Courses during the year.

All midwives now have trilene apparatus. Analgesia was given to the majority of cases in one form or another, although in 111 cases no inhalation analgesia was given for the following reasons :—

Born before arrival	..	28	Refused by patient	..	..	20
No time	..	..	Not necessary	..	..	20
No medical certificate	..	5	Medical grounds	..	..	3

Pethilorfan only	was administered to	12 cases
Gas and air	„ „ „	73 „
Pethilorfan and gas and air	„ „ „	52 „
Trilene	„ „ „	356 „
Trilene and Pethidine	„ „ „	294 „

In a few cases patients received both gas and air and Trilene.

Medical aid was called in by midwives to 93 cases, as follows :—

				<i>Midwifery cases</i>	<i>Maternity cases</i>	<i>Hospital discharges</i>
Ante-natally	..	..	..	2	3	—
In labour	..	..	..	4	15	—
Puerperium	..	..	..	2	9	14
Baby	..	..	..	5	24	15
				—	—	—
Totals	..	..		13	51	29
				—	—	—

Co-operation with the doctors and maternity homes continues to be good.



## HEALTH VISITING

With no further increase in staff (9 full-time and 1 part-time) selective visiting is still being carried out. The districts have been reasonably well covered with only a small proportion of households not visited.

The total number of visits to children under 5 years of age was 21,228 as compared with 20,601 in 1959. In addition 3,739 ineffective visits were made.

More elderly people were seen and consequently the number of visits increased, particularly to those discharged after hospital care. Here the health visitor seems to have a special place. The older person appreciates privacy in the home and their acceptance of the health visitor there is reflected in a typical remark—"I know you're not prying, you're a nurse".

An old lady, a semi-invalid, enjoys reading again after a good many years of just thinking about it. Because of her advanced years she thought it would be useless applying for glasses. The health visitor, now mobile, arranged an appointment with the optician and took the old lady along for the testing.

There is good liaison between health visitors and the hospital almoner with this particular age group.

Four health visitors received a car allowance from August, 1960. Larger areas can now be covered and more visits fitted into a given time. When necessary, a visit can be prolonged where extra counselling is required. Inclement weather no longer affects the health visitor who has her car. The service has therefore improved in spite of the shortage of health visitors.

The number of investigations for admission of patients to maternity hospitals on sociological grounds was 235.

**Problem families.**—Here the health visitor must keep constant vigilance. Untoward circumstances can cause rapid deterioration in the home of a problem family. The parents are unable to adjust themselves to meet any change in circumstances and break down under stresses which a normal family can survive.

Co-operation with other field workers, who must necessarily be involved with such families, is good. Overlapping and duplication of duties is avoided by discussion of problems at the monthly case workers meeting, which is attended by representatives of the various agencies concerned.

## HOME NURSING

The staff position in this Service at the end of the year was :—

### Whole-time

- 1 Superintendent (S.R.N., S.C.M., H.V., Q.N.)
- 1 Assistant Superintendent (S.R.N., S.C.M., Q.N.)
- 2 Queen's Nurses (both males)
- 9 State Registered Nurses
- 2 Enrolled Assistant Nurses

**Part-time****1 State Registered Nurse.**

During the year a State Registered Nurse attended a refresher course and the Superintendent a Study Day, both organised by the Queen's Institute of District Nursing. Student nurses in the preliminary training school make visits with the district nurses and again when they are nearly qualified, and the Superintendent also gives lectures to these nurses.

There was an increase in the number of nursing visits, 2,437 more than in 1959, and this is largely due to a greater load of very ill patients requiring two visits a day. It is noted that there have been 111 new cancer cases compared with 79 the previous year.

The following table shows the work done :—

Cases being nursed on 1st January .. .. .	202
New cases nursed during the year;—	
Adults .. .. .	833
Children 5 to 15 years of age ..	12
Children under 5 years of age ..	6
	<hr/> 851
Total .. .. .	<hr/> 1,053 <hr/>

The figures given below show the total cases and the number of visits compared with the two previous years:—

<i>Year</i>	<i>New Cases</i>	<i>Total Cases</i>	<i>Visits</i>
1958	936	1,198	39,411
1959	825	1,060	33,183
1960	851	1,053	35,620

**Summary of New cases nursed****ADULTS****Notifiable diseases:—**

Tuberculosis .. .. .	37
Pneumonia .. .. .	9
Others .. .. .	2

**Maternal:—**

Post-Natal pyrexia .. .. .	18
Miscarriage .. .. .	4
Others .. .. .	26

**Surgical:—**

Acute .. .. .	31
Chronic .. .. .	42





## VACCINATION AND IMMUNISATION

**Diphtheria immunisation.**—A total of 1,670 children received the complete course of inoculations, 751 being carried out by general medical practitioners. The previous year accounted for 1,536 primary immunisations. The number of children fully protected in the age group 0—15 years represents 84 per cent of the child population as compared with 83 last year. Reinforcing injections were given to 1,968 children, of which 119 were done by general medical practitioners. The following shows the immunisation state for the past five years :—

YEAR	PRIMARY IMMUNISATION			PERCENTAGE IMMUNISED
	Under 5 yrs.	5-15 yrs.	Total	
1956	.. 1,168 (1,115)	251 (45)	1,419 (1,160)	80
1957	.. 1,112 (1,065)	135 (29)	1,247 (1,094)	81
1958	.. 1,204 (1,144)	268 (47)	1,472 (1,191)	82
1959	.. 1,227 (1,199)	309 (50)	1,536 (1,249)	83
1960	.. 1,331 (1,293)	339 (60)	1,670 (1,353)	84

Triple antigen has been used in the local health authority's clinics since the 1st November, 1955 and the figures in brackets denote those who have received protection against diphtheria, whooping cough and tetanus.

**Smallpox vaccination.**—The total number of primary vaccinations was 721, compared with 760 the previous year. Details of the number of vaccinations over the past five years are as follows :—

YEAR	PRIMARY VACCINATIONS				RE-VAC- CINATIONS.	
	Under 1	AGE PERIOD		Adults	Total	All Ages
1956	.. 339	1-4	5-14	71	505	136
1957	.. 426	123	32	103	684	257
1958	.. 402	247	68	96	813	279
1959	.. 501	158	24	77	760	119
1960	.. 480	144	31	66	721	111

The percentage of children under the age of one year who were vaccinated in relation to the registered live births was 25, compared with 26 for 1959.

**Poliomyelitis Vaccination.**—In February the Minister of Health extended the poliomyelitis vaccination scheme to include all persons up to the age of forty years. The response to this new group of 26 to 40 years was so poor that it was decided to conduct a publicity campaign. Pamphlets and posters were distributed throughout the town by over 50 local organisations, and 14,000 small leaflets, giving details of arrangements for seven open sessions in different parts of the town, were distributed through the schoolchildren. Local press advertising and write-ups left little excuse for anyone in Grimsby not being aware of this special opportunity to come forward and take advantage of this scheme. Grimsby's Polio Week was held from 5th to 9th December, 1960, and was successful in attracting over six hundred persons to receive their first injections. This was disappointing when compared with the response received when a similar campaign was held for the under 25-year group early in 1959. Nevertheless, a high standard of immunity in children is still the chief objective.

During the year a total of 1,558 children and 2,527 adults had received two injections. The percentage immunised of the child population has now risen to 78 as compared with 75 last year, and it is estimated that 38 per cent. of the 16—40 age group has been protected. The following table shows the position in regard to poliomyelitis immunisation.

## POLIOMYELITIS VACCINATION.

<i>Age at date of completed primary injection</i>	1956	1957	1958	1959	1960	Total
Under 1 year	—	—	85	133	114	Under 5 years 4,817
1—2 years	—	—	834	925	762	
2—3 years	16	6	859	421	195	
3—4 years	56	73	863	375	59	
4—5 years	44	107	735	310	55	
5—6 years	84	122	673	309	55	5 to 15 years 13,913
6—7 years	74	244	630	283	48	
7—8 years	84	650	502	312	48	
8—9 years	91	703	297	267	48	
9—10 years	94	796	256	235	35	
10—11 years	—	764	284	244	30	
11—12 years	—	—	305	228	37	
12—13 years	—	—	1,207	296	27	
13—14 years	—	—	973	227	12	
14—15 years	—	—	1,045	96	20	
15—16 years	—	—	857	172	13	Adults 13,322
Adults	—	—	1,072	7,649	2,527	
Totals	543	3,465	11,477	12,482	4,085	32,052
No. of persons given third injections	—	—	3,134	14,016	8,099	25,249

## AMBULANCE SERVICE.

The returns for this service show that the number of patients carried and the miles travelled have again increased. Even the number of journeys, which had begun to decline over the last few years, has also risen. This further rise is not only local but is reported from every service in the country. A study of the figures given below may well prove to show that the peak, thought to have been reached three years ago, was probably the saturation point of the existing hospital services and the continuing rise attributed to the reorganisation of that service, the modernisation of its buildings and the installation of new and better equipment. Under these conditions that service must have enhanced its efficiency and made it more convenient for the staff to deal with additional cases. If the presumption is correct then the increase in the number of patients carried by the ambulance service could go on for some time.

During the year 23,834 calls were received ; 76 of these originated in places outside the borough and were transmitted to the appropriate authority ; 31,604 patients were transported and 150,915 miles covered by the vehicles. Rail transport accounted for 75 journeys, ten more than last year. Of the number of patients carried 2,578 were accident or other type of emergency cases.

As the work of the service intensified, the assistance given by the staffs of local hospitals and clinics in confining journeys to the minimum was most helpful and is much appreciated. General medical practitioners made their contribution by easing the burden wherever possible and the cordial relations

already established were further strengthened. A marked improvement can also be reported in the co-operation shown by the specialist hospitals and it is hoped that as more and better designed out-patient departments are brought into use further improvement can be expected. Abuses of the service, whilst few in number, do creep in at times, but when this happens immediate action is taken to prevent a recurrence.

Many of the vehicles now in service are showing signs of wear and breakdowns become more frequent. Four ambulances and two cars purchased between 1949 and 1951 need replacing. The building-up of the service with so many new vehicles during this period has resulted in all becoming worn out at the same time, and our policy of purchasing one new vehicle a year has had to be changed to replacement at a given mileage. This new arrangement should, in the future, produce greater efficiency and dispel any fear of possible breakdown during an emergency call. The one vehicle ordered during the year is not yet in service, but delivery is expected early in 1961.

Towards the end of the year the number of driving staff was increased by four, owing to a reduction in the hours of the working week. These new appointments have not made it possible to abolish the permanent overtime being worked, but have reduced the amount from four to two hours per week. The effect of a complete withdrawal is being examined and if practicable will be applied when opportune.

Statistical tables are given below, the figures in brackets correspond with the previous year :—

				JOURNEYS IN DISTANCES			
CALLS.							
Accidents .. ..	1,457	(1,360)		Under 50 miles	6,866	(6,645)	
Other emergency ..	922	(894)		50-100 miles ..	230	(257)	
Removals .. ..	21,068	(21,255)		Over 100 miles	175	(171)	
Miscellaneous ..	387	(431)					
Total .. ..	23,834	(23,940)					

OPERATIONAL							
Type of Case		Patients		Journeys			
Accidents ..	1,626	(1,519)		1,457	(1,349)		
Other emergency	952	(931)		922	(894)		
Removals (Local)	27,715	(26,630)		4,142	(4,026)		
Removals (Others)	1,070	(1,050)		484	(466)		
Miscellaneous ..	241	(281)		316	(338)		
Totals .. ..	31,604	(30,411)		7,321	(7,073)		

ANALYSIS OF ALL JOURNEYS							
<i>Type</i>	<i>Patients</i>		<i>Journeys</i>		<i>Mileage</i>		
EMERGENCY							
Ambulances	1,552	(1,608)	1,423	(1,439)	7,314	(7,712)	
Sitting Case Vehicles	1,025	(842)	964	(804)	5,804	(4,914)	
GENERAL							
Ambulances	16,301	(17,574)	2,559	(2,732))	66,450	(70,522)	
Sitting Case Vehicles	12,726	(10,387)	2,272	(1,993)	65,120	(56,171)	



## ABORTIVE AND SERVICE

Ambulances	—	(—)	83	(108)	774	(874)
Sitting Case Vehicles	—	(—)	127	(180)	1,994	(2,921)

## CIVIL DEFENCE

Ambulance	—	(—)	—	(—)	—	(—)
Sitting Case Vehicles	—	(—)	146	84	3,459	(2,204)

Totals ..	31,604	(30,411)	7,574	(7,340)	(150,915)	145,318
BY RAIL	76	(66)	75	(65)	8,696	(8,898)

## VEHICLE STATISTICS

	MILES		PETROL (GALLS.)		M.P.G.	
Ambulances	63,895	(62,841)	5,369	(5,135)	11.90	(12.24)
Dual Purpose Vehicles	43,551	(55,435)	2,126	(2,702)	20.48	(20.52)
Sitting Case Cars	43,469	(27,042)	2,285	(1,440)	19.02	(18.70)

## AVERAGES

Mileage per patient	..	4.78	(4.78)
Mileage per journey	..	19.93	(19.80)

## OTHER AUTHORITY CASES

CHARGEABLE			NOT CHARGEABLE		
Patients carried	33	(34)	Patients carried	24	(44)
Miles travelled	321	(519)	Miles travelled	1,110	(2,010)

## LOCAL CHARGEABLE MILEAGE

CIVIL DEFENCE	3,459	(2,204)
MISCELLANEOUS	797	(827)

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

During the year the social worker saw 122 new patients and continued casework for a further 788. Interviews in the Health Department totalled 191 and 737 home visits were made. Two patients were seen in hospital, but these were more on the lines of a friendly visit.

The number of home visits has again increased, while the number of patients seen in the Health Department remains very much the same.

By far the largest number of patients was referred by the general medical practitioners. In many cases they requested a period of convalescence as a therapeutic measure. Convalescence was very often only a beginning, especially whether the patient was a housewife suffering from nervous debility with young children to care for, or a man suddenly disabled after leading an active life. The patients, on return, had to be helped to adjust themselves to a new routine in which they and members of the family played their part.

Members of the public often used the Service as a general enquiry bureau, having been referred by neighbours or friends. The general enquiries did not always involve the care of the sick, and the social worker, in some cases, referred these persons to the department responsible for dealing with their problem.



Good co-operation has been maintained with the statutory and voluntary associations and, with the hoped for formation of the new Social Workers' Group representing all those concerned with people's welfare (including industry) even closer co-operation is to be expected in the future.

**Central Care Council.**—The General Care Committee of this Council has given financial assistance to 50 patients and their families during the year. Fares have been paid in 15 cases; extra nourishment grants made to 3 patients; a recuperative holiday to one; debts cleared in 3 cases; and miscellaneous items 10. Regimental Associations have helped in 7 cases, and the National Society for Cancer Relief has made weekly extra nourishment grants to 11 new patients and continued a weekly allowance to another.

**B.C.G. Vaccination.**—An opportunity arose this year to offer this vaccination to all children attending secondary schools who were aged 13 years and over, and consequently 2,204 children received this protection. The acceptance rate rose from 87 to 89 per cent., and the percentage of positives to the Heaf Multiple Puncture test was 12 as compared with 13 per cent. the previous year. In addition, 374 contacts were vaccinated by the Chest Physician.

Further information on this year's work may be seen in the School Health section of this report, but the number of persons vaccinated during the past five years is :—

YEAR	CONTACT SCHEME		SCHOOL CHILDREN SCHEME
1956	..	168	400
1957	..	251	408
1958	..	225	456
1959	..	294	573
1960	..	374	2,204

**Chiropody Service.**—The Grimsby Borough Council recommended that this Service for elderly and physically handicapped persons be run for the present under the auspices of the Grimsby Old People's Committee and the Women's Voluntary Service and that they be given a grant for the purpose. This voluntary organisation already had such a service in being and it was considered best to augment it rather than to run a rival service.

I am grateful to Miss K. G. Waldram, M.A., M.B.E., County Borough Organiser of the Women's Voluntary Service, for the following report :—

“ There are now six sessions per week—three in clinics and three in the chiropodists' own surgeries. Two of these sessions have been started during the last year.

“ One chiropodist undertakes home visits and deals with twenty a month. One session at a clinic per month is reserved for the patients who need transport, and members of the W.V.S. provide the cars.

“ All the clinics are working to capacity, new patients must wait two months for treatment unless someone fails to keep an appointment, and during the year 2,111 treatments have been given.

“ The greatest difficulty in the Service is the decision as to who is eligible for this treatment. National Assistance Board cases, blind and handicapped people and all cases recommended by doctors, almoners, etc., are accepted, but there is still a residue of old age pensioners who do not come into any of these categories who cannot yet be included.”

So far no requests have been received from expectant mothers and no action has been taken in respect of this category.

## DOMESTIC HELP

This service has again shewn an increase, the aggregate number of cases attended being 703 compared with 613 the previous year. The number of applications received for domestic help was 477, many of these having been referred in the first instance by doctors, almoners, nurses, health visitors, midwives, staffs of the Welfare Services Department and the National Assistance Board, and voluntary bodies. Upon investigation 288 were provided with help and 415 cases were carried over from 1959. The type of cases dealt with are aged and infirm, chronic sick, tuberculous, blind, maternity and emergency.

The number of cases attended weekly has also increased, the average being 404 against 353 in the previous year. It is becoming increasingly necessary each year to allocate more hours per case and the number of cases where home helps are calling in daily is also on the increase. These factors, therefore, mean that it is essential to employ more and more home helps if the demands for the service are to be met. The position regarding recruitment in 1960 has been quite good, 131 home helps being employed at the end of the year as against 114 previously.

One problem family was dealt with for a period of approximately two months, resulting in a reasonable measure of success.

There still has not been a very great demand for the laundry service by which home helps undertake the washing of soiled linen in such cases where conditions at the homes of patients are grossly inadequate. Only three applications were received and the number of working hours was  $78\frac{1}{4}$ . This shews a decrease when compared with last year, when the service was in operation for only nine months.

The following relates to the working of the scheme :—

Administrative staff on 31st December, 1960 :—

Organiser .. .. .	1	}	2.70
Clerks (full-time 1, part-time 1) .. .. .	2		

Home Helps employed at 31st December, 1960 :—

Whole-time .. .. .	5	}	131
Part-time .. .. .	126		

Cases assisted :—

Maternity (including expectant mothers) .. .. .	84	}	703
Tuberculous .. .. .	2		
Chronic sick, aged and infirm .. .. .	562		
Others .. .. .	55		

The following figures show the amount of service given in a representative week, when 468 cases were dealt with :—

- 21 patients received 2 hours but less than 3 hours on any one day.
- 252 patients received 3 hours but less than 4 hours on any one day.
- 96 patients received 4 hours but less than 5 hours on any one day.
- 2 patients received 5 hours on any one day.

(Included in the above are 18 patients where a home help called for approximately 1-hour daily).

The remaining 94 patients received 2 or more half-days per week and included in this figure are 9 cases where a home help called for approximately 1-hour daily. Three full-time confinement cases were also dealt with in this particular week.

**Payment for Service.**—Of the 703 cases assisted, the charges were distributed in the following way :—

	<i>Free of cost</i>	<i>Part cost</i>	<i>Full cost</i>
<b>Maternity</b> ... ..	1	52	31
<b>Tuberculosis</b> ... ..	2	—	—
<b>Chronic sick, aged and infirm</b> ...	420	129	13
<b>Others</b> ... ..	18	23	14
<b>Total</b> ... ..	441	204	58

The standard charge remained at 4s. 0d. an hour and there was no alteration in the supervision and conditions of service of home helps.

### “ Sitters-up ” Service

A number of applications were again received but were unable to be dealt with, except in one extremely urgent case where a home help was already attending during the day and was able to continue at night for a short period.

## MENTAL HEALTH

**Administration.**—The Mental Health Sub-Committee consists of 16 members, five of whom are co-opted. The senior mental welfare officer and two male officers are responsible for arranging admissions of patients to hospital ; the former to the medical officer of health for the service provided by the section. These three officers, together with two female mental welfare officers and one part-time female visitor, have carried out the necessary visiting for all types of patients. The senior officer has a social science diploma, the two male officers have attended several training courses, the two women officers have mental nursing qualifications and the part-time visitor is a qualified teacher.

Case histories are provided on behalf of new patients attending psychiatric clinics held at the Scartho Road Hospital and one of the male officers or the senior officer attends the follow-up clinic of patients discharged from mental hospitals.

The supervisor of the Training Centre and one assistant hold the Diploma of the National Association for Mental Health ; one assistant in the nursery section who was previously a member of the staff, has returned to us temporarily and is trained as a nursery nurse. The assistant she replaced is at present seconded to the diploma course. Two other assistants were formerly supply teachers and these, together with two-part-time workers (one male and one female), complete the teaching staff of the Centre.

The provision of psychiatric services has expanded during the year. The appointment of an additional psychiatrist was made possible by the co-operation of the Sheffield Regional Hospital Board and the local authority. Five sessions at the clinic are now held weekly and the consultant psychiatrist and his specialist assistant are available to pay domiciliary visits as required.

Subnormal patients are escorted to and from hospital and reports on home conditions provided, when requested. Provision of short stay care during the summer holiday period has continued, and similar care has been provided on three other occasions. The provision of short stay care at times other than holiday periods is an urgent need.



Most of the children attending the Training Centre are carried in two buses, one of which gathers pupils from the Cleethorpes area and collects those Grimsby children who live on the route to the Centre. A number of children attending from the western area of the neighbouring Lindsey County Council are transported by minibus.

There is no voluntary association for mental health in the borough, but close co-operation with the local branch of the National Society for Mentally Handicapped Children has been cemented. The boys' club, started by the Society jointly with the officers of the local authority, is run entirely by the parents and a similar club for girls caters for a less advanced group than those attending the one run by the local authority staff, as some of these girls are in employment.

One of the male mental welfare officers continues to act as instructor to a special woodwork class held twice weekly at the Centre.

**Account of work undertaken in the Community.**—Under Section 28 of the National Health Service Act, 1946, all patients are visited as required. The majority are referred by general practitioners or relatives, but members of the staffs of the welfare, probation, police and N.S.P.C.C. services, together with members of the Council and the magistrates, have referred some cases. Psychiatric treatment, if required, is available without delay.

There is close co-operation with officers of the Ministry of Labour and special appreciation is recorded to the officers of the National Assistance Board for their assistance, particularly with one or two extremely difficult cases.

**Lunacy and Mental Treatment Acts, 1890 to 1930.**—The senior mental welfare officer and the two male mental welfare officers are responsible for urgent action at whatever hour is required and for arranging admission and transport to hospital, and the two female mental welfare officers share with them the visiting of patients in their own homes, the escort of female patients to hospital and such visiting as is needed by patients after discharge from hospitals. Almost all patients now discharged attend a follow-up clinic held at the psychiatric unit one morning each week, where the consultant psychiatrist is able to give guidance to the workers in any special problems which may arise.

The following shows the number of admissions to Bracebridge Heath Hospital and one other hospital up to and including the 31st October, 1960 :—

						Male	Female	Total
Voluntary	..	..	..	..	..	1	—	1
Informal ..	..	..	..	..	..	3	—	3
Certified ..	..	..	..	..	..	15	22	37
Section 20	..	..	..	..	..	15	20	35
Section 21	..	..	..	..	..	29	18	47
						—	—	—
						63	60	123



From 1st November to 31st December, 1960, admissions under the Mental Health Act, 1959, were as follows :—

						Male	Female	Total
Section 25	..	..	..	..	..	5	8	13
Section 26	..	..	..	..	..	—	—	—
Section 29	..	..	..	..	..	—	—	—
Section 60	..	..	..	..	..	1	—	1
Informal ..	..	..	..	..	..	2	3	5
						—	—	—
						8	11	19
						—	—	—

Included in these are 8 re-admissions during the year. Of the patients admitted under Order, one male was regraded to voluntary status and 39 males and 27 females were later regraded to informal status.

Cases have been dealt with by the mental welfare officers as follows :—  
Senior Mental Welfare Officer—8, plus 18 calls with no action taken under Lunacy and Mental Health Acts.

Mr. Rackham—42, plus 69 calls with no action taken under Lunacy and Mental Health Acts.

Mr. MacKenzie—80, plus 39 calls with no action taken under Lunacy and Mental Health Acts.

The Ambulance Service was required on 125 occasions.

#### Psychiatric Unit, Scartho Road Hospital :—

##### *Out Patient Department*

New Patients	..	..	..	..	..	..	..	..	624
Old Patients	..	..	..	..	..	..	..	..	2,826
									<hr/>
Total out-patients	..	..	..	..	..	..	..	..	3,450
									<hr/>

##### *In-Patients*

Admissions	..	..	..	..	..	..	..	..	288
Discharges	..	..	..	..	..	..	..	..	281

Of new patients referred, the increase over last year was 37 per cent., while the total increase of all classes of patients was 77 per cent.

#### Number of Out-Patient Clinics (weekly) :—

E.C.T.	..	..	..	2
New	..	..	..	2
Old (Non E.C.T.)	..	..	..	4

**Out-Patient Clubs.**—One club has been formed to cater for the more intelligent and better integrated patients.

**Mental Deficiency Acts, 1913—1938.**—The majority of patients were referred by the School Health and Maternal and Child Welfare Services, the remainder by medical practitioners, relatives, the children's officer or the magistrates.

The mental health staff assist the approved medical officer in the completion of the form required on behalf of any school child referred for ascertainment, providing any information they may have about the family. School children reported for supervision on leaving school have been visited by the mental health workers.

No new patients were placed under guardianship during the year.

The School Dental Service provided treatment for 16 patients.

The Mental Health Act, 1959, finally became law on the 1st November and the following figures relate to cases dealt with under this Act :—

		Males	Females	Total
(a)	Mentally ill			
	(Under 16 years of age)	—	2	2
	(Aged 16 years and over)	112	123	235
(b)	Psychopath			
	(Under 16 years of age)	—	—	—
	(Aged 16 years and over)	13	6	19
(c)	Subnormal			
	(Under 16 years of age)	18	16	34
	(Aged 16 years and over)	146	147	293
(d)	Severely			
	(Under 16 years of age)	8	6	14
	Subnormal			
	(Aged 16 years and over)	22	27	49
Totals		319	327	646

**Girls' Club.**—This Club has continued under the leadership of the senior and two women mental welfare officers, a voluntary worker coming in on occasions to assist with the country dancing. There have been one or two outings during the year, the annual outing, as always, proving a matter of great interest both in anticipation and retrospect. Six of the old members have been lost, two by the death of their guardians, one member died, two have removed to other areas and one has progressed to another group. The members have enjoyed two film shows given by the National Society for Mentally Handicapped Children, and the year end was marked by a Christmas party and concert given by the girls to an audience composed of members of the committee, relatives and friends.

**Training Centre.**—There are 46 children, including 2 part-time in attendance at this Centre, plus 21 from the adjoining area of the Lindsey County Council. The usual Centre subjects are taught, special emphasis being laid on woodwork for the older boys.

## PART IV.—SANITARY CIRCUMSTANCES.

Harold Parkinson, Chief Public Health Inspector, reports :—

**Staff.**—At the end of 1960 there were 4 vacancies for qualified public health inspectors.

**Water Supply.**—The supply provided by the North East Lincolnshire Water Board came from deep wells and was not treated before distribution into the mains and proved to be pure and adequate and not subject to plumbosolvent action.

310 bacteriological examinations and 2 chemical tests were made of the town's water supply and all the samples were satisfactory. The results of chemical and bacteriological examinations of samples taken from a tap in a council house are set out below :—

### Chemical analysis

#### Physical characters

Suspended matter	..	..	..	..	..	..	..	..	none
Appearance of a column 2 ft. long	..	..	..	..	..	..	..	..	clear and bright, colourless.
Taste	..	..	..	..	..	..	..	..	normal
Odour	..	..	..	..	..	..	..	..	none

#### Chemical examination

									<i>Parts per million</i>
Total solids dried at 180°C	..	..	..	..	..	..	..	..	355.0
Chlorides in terms of chlorine	..	..	..	..	..	..	..	..	19.0
Equivalent to sodium chloride	..	..	..	..	..	..	..	..	31.3
Nitrites	..	..	..	..	..	..	..	..	none
Nitrates as nitrogen	..	..	..	..	..	..	..	..	3.99
Poisonous metals (Lead etc.)	..	..	..	..	..	..	..	..	none
Total hardness	..	..	..	..	..	..	..	..	270.0
Temporary hardness	..	..	..	..	..	..	..	..	214.0
Permanent hardness	..	..	..	..	..	..	..	..	56.0
Oxygen absorbed in 4 hrs. at 80°F	..	..	..	..	..	..	..	..	0.34
Ammonical nitrogen	..	..	..	..	..	..	..	..	0.012
Albuminoid nitrogen	..	..	..	..	..	..	..	..	0.040
Free chlorine	..	..	..	..	..	..	..	..	none
pH value	..	..	..	..	..	..	..	..	7.3

*Signed* A. O. JONES For John Evans

(A. H. Allen & Partners)

### Bacteriological examination.

Plate Count : 3 days at 22°C aerobically—Nil per ml.

2 days at 37°C aerobically—200 per ml.

Coliform Test : Probable number of coliform bacilli—Nil per 100 ml.

Cl. Welchii—Nil present in 50 ml. of sample.

*Signed* H. LAWY,

Bacteriologist.



There are only two dwelling-houses on the outskirts of the town which have not a water supply from the public main. Chemical and bacteriological examinations showed this pump water to be satisfactory.

All the other houses in the County Borough had water supplies from the public mains and there were approximately 1,500 houses (chiefly in areas for clearance and re-development) where the only points of supplies were from stand pipes in the back yards.

During inspections for other purposes, when houses were found to be without an internal water supply (and not in clearance or re-development areas), notices were served under the Grimsby Corporation Act requiring the provision of internal supplies of cold water and sinks.

**Rivers, streams and ponds :—** } Conditions remained as described  
**Sewerage and drainage :—** } in the 1959 Report.

**Public Cleansing.**—The Cleansing Superintendent (Mr. E. Austin) has supplied the information in this paragraph. 30,360 tons of house and trade refuse were collected and apart from 2,169 tons salvaged and sold for £20,374, all the remainder was tipped at Little Coates. The Council has not an incinerating plant.

1,600 new ash bins were supplied to houses by the Corporation in accordance with Section 75 (3) of the Public Health Act, 1936. Since 1950, 16,177 premises have been provided with bins under the scheme.

### Sanitary Inspections.

Accumulations .. ..	164	Animals .. ..	50
Caravans .. ..	25	Complaints received and	
Dirty and verminous houses		investigated ..	2,231
and persons .. ..	81	Drainage .. ..	4,200
Drain tests .. ..	171	Factories and outworkers	206
Infectious disease enquiries	255	Lodging houses .. ..	123
Miscellaneous matters ..	1,857	Offensive smells .. ..	205
Offensive trades .. ..	7	Passages and yards ..	2,728
Piggeries and stables ..	49	Rats and mice .. ..	322
Rooms disinfected after		Smoke observations ..	206
infectious disease ..	104	Water supply .. ..	109

### Housing.

Houses, defects and nuisances (Public Health Act) .. ..	3,693
Houses (Housing Act) .. ..	3,091
Overcrowding (Housing Act) .. ..	62

### Notices.

Informal notices served .. ..	692
Statutory notices served (770 Public Health Act, 13 Grimsby Corporation Act) .. ..	788

Work in default was carried out by the Corporation at the cost of the owners in respect of 371 notices.



**Abatement Orders.**—Court proceedings were taken against the owners of 5 houses who had failed to remedy defects after service of statutory notices under Section 93 of the Public Health Act, 1936.

Three cases were withdrawn after the work had been completed, two during adjournments, and in the other instance repairs had been effected before the court hearing.

Abatement orders were made, one requiring defects to be remedied within three months and the other within 28 days. In the latter case the owner entered into an agreement for the Corporation to carry out the necessary works and repay the cost by instalments.

Defects remedied and nuisances abated included :—

Accumulations cleared ..	15	Animal etc. (nuisances abated)	8
Chimney repairs .. ..	58	Doors and frames renewed	
Drains cleared .. ..	1,292	or repaired .. ..	108
(involving 4,022 houses)		Drain repairs .. ..	48
Drain and inspection chambers		Eavesgutters new and re-	
(new) .. .. .	52	paired .. .. .	143
Floor repairs or renewals ..	118	Fireplace and range repairs	72
Plaster repairs .. ..	246	Offensive smells abated ..	9
Roof repairs .. ..	115	Rainwater pipe repairs and	
Sink and pipe repairs ..	28	renewals .. ..	44
Wall repairs .. ..	21	Stairway repairs .. ..	7
Water closet repairs ..	129	Wash boiler repairs and	
Water pipes and taps re-		renewals .. ..	6
paired .. ..	32	Window repairs .. ..	99
Yard walls and gates re-		Yards and paths repaired	
paired .. ..	1	and repaved .. ..	44

**Persons needing care and attention.**—It was not necessary this year to apply to the Justices for orders under the National Assistance Act regarding the persons who came to the notice of officers of the department.

#### Offensive Trades.—

Tripe dresser .. ..	1
Fish meal maker .. ..	1
Fat melters .. ..	2
Fish curers .. ..	5
Hide and skin dealers ..	2
Gut scraper .. ..	1
Rag and bone dealers ..	4

**Fish and offal transport.**—Following police reports, the magistrates fined 2 persons £2 each for discharging offensive liquid from fish lorries on to the highway in contravention of the Byelaws.

**Pest and vermin control.**—The same methods continued to be used as in recent years. Infestations dealt with included :—

43 of beetles	(including one Council house)
9 of bugs	(including four Council houses)
10 of fleas	(including one Council house)
26 of woodworm	(including five Council houses)
8 of ants	(including four Council houses)
9 of earwigs	(including nine Council houses)
9 of mite	(including eight Council houses)
1 of flies and 2 of silverfish	

There was no major infestation of rats or mice.

**Cleansing of persons.**—Improvised arrangements were used to cleanse a few verminous men who had been living "rough" in buildings awaiting demolition.

At the end of the year permission was received to adapt a former Civil Defence Decontamination Centre in Convamore Road for use as a Cleansing Station.

**Atmospheric Pollution.**—Deposits of the gauges in Hainton Square and Bradley Woods continued to be examined monthly, with little variation from last year's results.

Court proceedings taken were dismissed when a local firm successfully invoked the provisions of Section 2 of the Clean Air Act, 1956.

**Swimming Baths.**—The two small swimming baths owned by the Corporation (Orwell Street and Eleanor Street) received supplies from the public mains.

The samples of water taken from the Orwell Street bath for bacteriological examination were all satisfactory, as were those taken at the Eleanor Street baths (apart from a sample taken when the filtration plant was found not to be working satisfactorily, when the use of the bath was then stopped until the filtration plant had been put into proper working order).

The work on the new swimming bath in Scartho Road commenced in 1960.

**Factories Act.**—See statistical report (Table 11 on pages 61-62).

**Places of Entertainment.**—Apart from minor defects the premises were satisfactory.

**Rag Flock and Other Filling Materials Act and Regulations.**—The number of premises registered for use of filling materials was 4.

**Shops Act.**—In addition to inspections made specifically under this Act, when shops were visited for other purposes, the requirements of the Shops Act were checked during the same inspections. Plans for new shops and alterations continued to be scrutinised and arrangements made for the Shops Act to be complied with.

**PART V.—HOUSING.**

The Chief Public Health Inspector reports :—

**New houses**—completed .. .. 279

**Houses demolished** .. .. 181

**HOUSING ACTS.****Slum clearance.**—

Compulsory Purchase Orders :—

East Marsh No. 1 .. .. 100 houses

East Marsh No. 2 .. .. 123 houses

Clearance areas :—

Kent Street No. 3 .. .. 7 houses

Albion Street No. 4 .. .. 2 houses

Individual unfit houses :—

## (a) Demolition orders

1 Bk. 65, 1 Bk. 67, 150, 154 Albert Street.

111, 113, 115, 117, 119, 121 Albion Street.

1 Bk. 91, 2 Bk. 93 Church Street.

1 & 2 Bk. 47, 3 Bk. 49 Kent Street.

1 & 2 Bk. 66, 2 Bk. 68, 3 Bk. 70, Bk. 72, 5 Bk. 74, 74 Kent Street.

1 & 2 Bk. 87 Kent Street.

1 Bk. 112, 2 Bk. 114, 137, 139, Bk. 137, Bk. 139 Kent Street.

1, 2, 3, 4, 5 Bk. 134 Kent Street.

363 Laceby Road.

2, 4, 10, 24, 26, 28, 36, 42, 44, 46, 48, 50, 52, 56 Stortford Street.

8, 10, 60, 62, 64 Thesiger Street.

## (b) Closing Orders

166 Albion Street.

104 Gilbey Road.

95 Heneage Road.

20, 22 Holme Street.

1 Bk. 61, 2 Bk. 63, 3 Bk. 65, 4 Bk. 67 Nelson Street.

A scheme was accepted for alterations and repairs at Bk. 68 St. Giles Avenue after action had been taken under Section 16.

**Caravans.**—There is no caravan site in the town.

**Common Lodging houses.**—1—Salvation Army Hostel, Central Market.

**Seaman's Lodging house.**—1—Queen Mary Hostel, Riby Square.

The Town Council granted the tenancy of the former Brighowgate Children's Home to the Salvation Army for adaptation as a hostel for men. At the end of the year a Public Inquiry was pending following objections by some of the nearby residents to the change of use.

**Problem families.**—The Council has still no special accommodation for the "hard core" for Grimsby's problem families.

**Rent Act.—Certificates of disrepair :—**

Applications received .. .. 15

Applications refused .. .. Nil

Undertakings accepted .. .. 2

Certificates revoked .. .. 7



## PART VI.—INSPECTION & SUPERVISION OF THE FOOD SUPPLY.

Mr. Harold Parkinson, Chief Public Health Inspector, is responsible for this section of the work :—

### Inspections.

Bakehouses .. ..	47	Confectioners shops .. ..	33
Dairies and milk vendors ..	26	Fish curers .. ..	15
Fish shops .. ..	22	Food preparers .. ..	54
Fried fish shops .. ..	155	Greengrocers .. ..	58
Grocers .. ..	369	Ice cream makers and vendors	84
Markets .. ..	242	Meat shops and stores ..	251
Restaurants and cafes ..	113	Slaughterhouses .. ..	1,340
Sweet shops .. ..	57	Other matters .. ..	109

**Slaughterhouses.**—The Council purchased the Government Abattoir in Cromwell Road in 1960 and from 1st April it became a public abattoir, the Chief Public Health Inspector being appointed Abattoir Manager.

During the year the Council reviewed the slaughtering facilities in the area and submitted its report to the Ministry in accordance with the Slaughterhouses Act, 1958. The Council passed a resolution under Section 75 (1) (a) of the Food and Drugs Act, 1959 not to renew the licences of the three existing private slaughterhouses or to issue fresh licences after the “appointed day”. Objections were received against the proposals to close two of the private slaughterhouses and at the time of writing the report these objections were still under consideration by the Ministry.

**Meat and Food Inspection.**—Statistics about carcasses and offal inspected and condemned are set out below :—

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed ... ..	5,529	481	495	13,414	17,758	—
Number inspected ... ..	5,529	481	495	13,414	17,758	—
<i>All diseases except Tuberculosis and Cysticerci.</i> Whole carcasses condemned	4	13	2	42	28	—
Carcasses of which some part or organ was condemned	1,743	227	7	1,133	7,716	—
Percentage of the number in- spected affected with dis- ease other than tuber- culosis and cysticerci ...	31.60	49.90	1.82	8.76	43.61	—
<i>Tuberculosis only</i> Whole carcasses condemned	1	1	—	—	3	—
Carcasses of which some part or organ was con- demned. ... ..	109	25	—	—	1,271	—
Percentage of the number inspected affected with tuberculosis ... ..	1.99	5.41	—	—	7.17	—
<i>Cysticercosis</i> Carcasses of which some part or organ was condemned	34	2	—	6	—	—
Carcasses submitted to treat- ment by refrigeration	34	2	—	6	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—



**Cysticercus Bovis.**—Routine inspections continued and 42 infestations of offal were found, and the carcasses were allowed to be treated by the freezing process before being sold for human food.

Diseases and unsound conditions found in the slaughterhouses included :—

Abscesses, acetonaemia, actinomycosis, arthritis, bruising, cirrhosis, C. Bovis, C. Ovis, cysts, contamination, congestion, echinococcus cysts, emaciation, emphysema, endocarditis, enteritis, erysipelas, fascioliasis, fevered, hæmatoma, hepatitis, hydronephrosis, infarcts, Johnes disease, jaundice, mastitis, metritis, melanosis, milk spots, muscular degeneration, necrosis, nephritis, oedema, parasites, pericarditis, petechiae, peritonitis, pleurisy, pneumonia, rheumatism, suffocation, tuberculosis, telangiectasis.

Weight of meat condemned—40 tons, 3 qrs. 15 lb.

In addition 60 lbs. of imported meat with bone taint and 28 lbs. of imported livers were condemned.

**Unsound and diseased foods included :—**

							tons	cwts.	qrs.	lbs.
Meat (including bacon and sausages)	..	..					40	7	—	9
4,143 cans, 399 bottles and 142 packets of various food	..	..	..	..	..	..	2	12	1	7
Cheese	..	..	..	..	..	..		1	2	7
Fats	..	..	..	..	..	..			2	8
Confectionery		..	..	..	..	..			1	2
Miscellaneous	..	..	..	..	..	..		1	—	17
Total weight							43	2	3	22

**Disposal of unsound meat, etc.**—As in former years the arrangements with the contractors at the abattoir and the licence holders of the private slaughterhouses continued, diseased meat after being dyed green was removed from these premises by a Grimsby firm for processing at their meal plant at Killingholme.

Livers affected with distomatosis only, were kept separate on condemnation and later removed for processing for pharmaceutical purposes by the same firm which had the contract with the Ministry of Food.

A very small amount of these livers was supplied for feeding at a mink farm after discolouration with green dye.

As the Corporation had not an incinerator, unsound tinned goods were buried in the Corporation tip.

**Horse Flesh.**—Horse flesh for human consumption was not dressed or sold in Grimsby.

**Fish inspection.**—67 export certificates were issued for the export of 5,858 bales of dried salted fish to Beira, Cristobal, Funchal, Ghana, Habana, Madeira, Ponta Delgada and Trinidad, from Grimsby's only factory carrying on this process.

**Milk supply.**—Apart from a firm with two vending machines all the milk dealers in the town were licensed for the sale of heat treated milk. A producer/retailer from the adjoining rural district sold raw milk (T.T.) from a van whilst another firm sells such milk from stationary vending machines.

During the year one of the wholesalers and pasteurisers of milk sold his business to another local firm—so only two firms are now heat treating milk in the town.

One milk vending machine outside a shop is used for the sale of Pasteurised milk.

Wholesalers of milk	..	..	..	..	..	2
Retail purveyors of milk	..	..	..	..	..	379
Licensed pasteurisers of milk (high temperature short time)						2
Licences to use designation Tuberculin Tested (Pasteurised) milk						2
Supplementary and dealers licences for sale of Pasteurised milk						3
Supplementary and dealers licences for sale of Tuberculin Tested (Pasteurised) milk	..	..	..	..	..	22
Licences to produce Sterilised milk	..	..	..	..		2
Licences to sell Sterilised milk	..	..	..	..		373
Licence to sell Tuberculin Tested milk	..	..	..			1

**Tuberculin Tested (Pasteurised) Milk.**—33 samples passed the prescribed tests.

**Pasteurised milk.**—All 33 samples taken passed the methylene blue and phosphatase tests.

**Sterilised milk.**—24 samples were all satisfactory.

**T.T. raw milk.**—11 samples (2 contained faecal B. Coli and 3 decolourised Methylene Blue in  $3\frac{1}{2}$ ,  $2\frac{1}{2}$  hours and 1 hour). One sample taken from a vending machine gave a positive Ring Test and the Lindsey County Council Health Department was notified as the milk was produced and packed in the county area.

#### Ice Cream :—

Premises registered for making ice cream	..	..	..	7
Premises registered for sale of ice cream	..	..	..	472

Most of the ice cream sold was supplied pre-packed by firms of national standing. Local makers continued to retail loose ice cream from road vehicles.

Of the 25 samples taken 22 gave satisfactory results after the Methylene Blue tests. It was necessary to check the ways of sterilising equipment and warn makers from time to time as to improvements in methods.

**Food hygiene.**—At an increasing number of food shops adequate washing facilities and hot water supplies were provided. Education in food hygiene is a continuing and repetitive process and it is regrettable that only very slow progress is being made to raise and maintain the general standard of food hygiene.

Court proceedings were taken against a bakery firm and a van driver for failing to comply with Section 28 (1) (a) of the Food Hygiene Regulations and the magistrates fined the driver £5 but dismissed the charge against the firm.

**Food poisoning.**—For the first time for many years there was no notified case of food poisoning, which does not mean illness did not occur after eating infected food—but it could be that a medical practitioner was not consulted or notifications were not sent.

Cases of dysentery (which can be transmitted by food) occurred in various parts of the town, but the incidence was very slight when compared with the widespread outbreaks of last year. The Corporation continued to pay compensation for loss of wages of contacts excluded from work in food factories.

**Fish cakes.**—Considerable time, thought and effort were given in endeavours to find the source and cause of the presence of faecal B. Coli and staphylococci in fish cakes produced in certain local factories. Progress was made, but at the year end the investigations continued.

**Imported peeled prawns.**—The results of the examinations of samples showed a decided improvement in the bacteriological content on previous years.

**Sampling of foods, etc.**—During the year 426 samples and specimens were taken for histological, biological, bacteriological (including phage typing) and chemical examination and also to ascertain if certain pre-packed foods contained the commodity described on the wrappers.

Of the samples taken under the Food and Drugs Act, 19 were found to be unsatisfactory.

**Pork sausages.**—In the opinion of the Public Analyst 7 samples came below his standard for meat content, the deficiencies varying from 8.3% to 37.1%.

**Potted meat.**—4 samples were found to contain too much moisture and not enough meat and 3 samples contained cereal and should only have been sold as potted meat paste.

**Potted meat paste.**—Two samples were found to contain prohibited preservative.

**Milk.**—One informal sample was found to contain a slight percentage of added water. "Follow-up" formal sample was satisfactory.

**Ice Cream.**—Two informal samples were deficient in fat content (60.4% and 21%). Formal samples taken later complied with the Regulations.



At the end of the year court proceedings were pending in one case (the sale of potted meat paste as potted meat). After consideration by the Committee warnings were given about the other infringements.

**Public Health (Preservatives, etc., in Food) Regulations.**—Apart from the two samples of potted meat paste previously mentioned, all the other samples examined complied with the Regulations.

**Chemical Analyses.**—The Public Analyst, Mr. Hugh Childs, B.Sc., F.R.I.C., undertook the chemical analysis of samples submitted under the Food and Drugs Act and Fertilisers and Feeding Stuffs Act.

**Bacteriological, Histological and Biological Examinations.**—These continued to be undertaken in the Department of Pathology, Grimsby General Hospital.

**Fertilisers and Feeding Stuffs.**—10 samples of feeding stuffs and 3 samples of fertiliser taken for analysis were found to be satisfactory. One sample of sow and weaner's meal contained 2.7 per cent excess fibre—or 45 per cent of the amount guaranteed. The product was produced in Hull and an official sample has to be taken in 1961 from the Grimsby Depot.

## PART VII.—ADDITIONAL INFORMATION.

## NATIONAL ASSISTANCE ACTS: INCIDENCE OF BLINDNESS

At the end of 1960 the total number of blind persons in the borough was 169 (males 79, females 90).

Twenty Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 14 persons were certified as blind and 6 as partially-sighted.

No cases of retrolental fibroplasia were reported.

*Follow-up of Registered Blind and Partially Sighted persons.*

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment ...	5	3	—	5
(b) Treatment (medical surgical or optical)	4	—	—	3
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	2	—	—	—

*Ophthalmia neonatorum.*

(i) Total number of cases notified during the year ...	2
(ii) Number of cases in which:—	
(a) Vision lost ...	—
(b) Vision impaired ...	—
(c) Treatment continuing at end of year ...	—

## EPILEPTICS AND SPASTICS

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:—

*Epileptics*

		Under 5	5-15	16 and over	Total Number
At ordinary school ...	Males	—	10	—	10
	Females	—	12	—	12
At special school ...	Males	—	2	—	2
	Females	—	2	—	2
At occupation centre ...	Males	—	1	2	3
	Females	—	3	1	4
*In employment ...	Males	—	—	21	21
	Females	—	—	4	4
At home ...	Males	3	—	14	17
	Females	2	—	—	2
TOTAL ...		5	30	42	77

*Spastics*

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
At ordinary school ...	Males		—	—	—	—
	Females		—	1	—	1
At special school ...	Males		—	2	—	2
	Females		—	—	—	—
At occupation centre ...	Males		—	1	—	1
	Females		—	2	—	2
*In employment ...	Males		—	—	7	7
	Females		—	—	—	—
At home ...	Males		3	—	6	9
	Females		2	1	1	4
TOTAL ...			5	7	14	26

\* Per Disablement Resettlement Officer, local office of Ministry of Labour.

**HEALTH EDUCATION.**

The local health authority has continued to make full use of the publicity material of the Central Council for Health Education, to which it subscribes, and of the Royal Society for the Prevention of Accidents, being a member of the Home Safety Section of this body.

Through the good offices of the editor, articles of general interest under the title of "Your Health Service" were placed in the local evening newspaper, and 300 copies of the Better Health journal are distributed each month through the authority's welfare centres, clinics, and public library.

A total of 42 lectures and talks were given to organisations in the borough on various aspects of Public Health and Health Education, 24 by the Medical Officer of Health and 18 by the Health Visitors. Attendances at these meetings totalled 1,040.

**Welfare Centres.**—A class of 1½ to 2 hours duration for the ante-natal mother was held weekly at the three main infant welfare clinics, and although the attendance rate at the other clinics remained much lower by comparison, the success of these classes is very evident and most encouraging. Whilst the accent is on the ante-natal period, the wide perimeter of general health education is always kept in mind and every opportunity taken by the health visitor to make the most of this valuable time spent with the mother-to-be.



A new venture is being tried at the Hope Street and Nunsthorpe Clinics by inviting senior representatives of the Young Wives' Group of the Established Church to give advice on the spiritual side of family life. They also share the demonstration table to further illustrate their activities, as well as combining with and supporting the current health education programme carried out by the health visitor. This appears to have been greatly appreciated by some of the young mothers and helps to complete the fuller aspects of family life.

The staff of the maternity hospital and the health visitors continue their combined and successful efforts at the 'Stork Club', while a further enjoyable year was experienced by the Parents' Club, which is run by a senior health visitor with assistance from voluntary helpers. The object of this latter Club is still to share equally in educational and social activities, and a very varied programme was completed during the year, ranging from keep fit classes and demonstrations to talks on medical problems by a general practitioner.

The following special programmes were carried out in schools, viz :—

(a) Films (sound and strip) with a supporting talk by health visitors were shown to the girls at the Armstrong, Chelmsford, St. Mary's and Western Secondary Modern Schools.

(b) A series of talks on personal hygiene, mothercraft, the maternal and child welfare service, and the work of the health visitor, were given to girls at the first three of the above-mentioned schools.

(c) The fourth year girls at Armstrong and Chelmsford Secondary Modern Schools also visited the Watkin Street Infant Welfare Clinic during a session to see theory put into practice. These visits are certainly enjoyed by the pupils and while this calls for extra effort on the part of the staff, the definite feeling of contact and friendship established makes it more than worth while.

In addition to the above, the school nurses always endeavour to talk to the children individually during a hygiene inspection, so becoming known as a person interested in their welfare rather than a white-coated robot making a routine examination.

## MEDICAL EXAMINATIONS.

Medical examinations for superannuation purposes were carried out on 211 employees during the year, 201 by medical staff of the department and 10 by requests to other local authorities. Of these one was referred to the medical referee of the Corporation, 5 were found unfit for entry into the superannuation scheme, and one was deferred for a probationary period.

Five employees for retirement on medical grounds were referred to the medical referee, and the Medical Officer of Health investigated and made special reports on 12 employees who had been absent from duty for a period of three months and over.

Fifty-seven candidates for admission to training colleges were also examined by the medical staff. Examinations for entry into the teaching profession numbered 60, thirteen of these by requests to other authorities, and all received x-ray examination of the chest before appointment. One candidate was found unfit for entry into the profession.

During the year 77 persons were examined for employment in the School Meals Service of the Local Education Authority. This examination, which includes tests for carrier conditions, is a valuable protection against the risk of food poisoning and fully justifies the time and trouble taken. None of the candidates were found to be unfit for such employment.

Eleven firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950, three being found unfit for entry into the Service.

The above represents a total of 421 medical examinations during the year, 393 of which were performed by medical staff of the department, compared with 392 and 373 respectively in 1959.

As recommended in Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—58 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

### BLOOD DONORS.

The Sheffield Regional Transfusion Team is offered the use of the local authority's clinics to hold taking sessions, and three such sessions were held at the Watkin Street Clinic.

### LABORATORY FACILITIES.

A total of 1,597 specimens were sent by the health department for examination in the laboratory at the Grimsby General Hospital.

### GRIMSBY CREMATORIUM

The Medical Officer of Health acts as the Medical Referee to the Grimsby Crematorium. The number of cremations which have taken place since the building was opened on the 5th August, 1954, is :—

<i>Year</i>	<i>Grimsby residents</i>	<i>Residents from other areas</i>	<i>Total</i>
1954	61	84	145
1955	205	311	516
1956	264	372	636
1957	323	462	785
1958	365	589	954
1959	409	666	1,075
1960	436	747	1,183

# PART VIII.

## STATISTICAL TABLES.



Table 1.—Vital Statistics of the whole Borough during 1960 and previous Years.

YEAR	Total Population estimated to middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Un-corrected Number	Nett		Number	Rate	of Non-residents registered in the District	of Residents registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1943	76,460	1529	1539	20.1	1246	16.2	154	52	83	54	1144	14.9
1944	76,150	1745	1752	23.0	1062	13.9	110	49	94	54	1001	13.1
1945	78,030	1714	1686	21.6	1111	14.2	122	47	80	47	1036	13.2
1946	86,340	2121	2118	24.5	1120	12.9	133	41	71	34	1028	11.9
1947	89,190	2154	2183	24.4	1235	13.8	113	53	97	44	1175	13.1
1948	91,060	1892	1911	20.9	1073	11.7	118	36	55	29	991	10.8
1949	91,250	1830	1872	20.5	1282	14.0	203	46	63	34	1125	12.3
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.2
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0
1952	93,200	1591	1693	18.1	1150	12.3	195	85	58	34.2	1040	11.1
1953	93,300	1517	1647	17.6	1176	12.6	207	53	55	33.3	1022	10.9
1954	93,670	1606	1700	18.1	1271	13.5	247	63	42	24.7	1087	11.6
1955	94,560	1639	1755	18.5	1186	12.5	204	84	49	27.9	1066	11.2
1956	95,400	1673	1791	18.7	1236	12.9	246	73	69	38.5	1063	11.1
1957	96,050	1710	1846	19.2	1254	13.0	247	65	35	18.9	1072	11.1
1958	96,380	1724	1829	18.9	1226	12.7	267	85	46	25.1	1044	10.8
1959	97,110	1800	1858	19.1	1156	11.9	248	104	41	22.0	1012	10.4
1960	97,030	1857	1909	19.6	1211	12.5	270	91	48	25.1	1032	10.6

Acreage (land and inland water)	...	5,468	Population	...	...	94,557	At Census
Persons per acre	...	17.3	Private households	...	...	27,103	of 1951
			Structurally separate dwellings occupied	...	...	25,571	

Table 2.—England and Wales and Grimsby, 1943–1960.

## Birth Rates.

Year	Number of Births	Grimsby		England and Wales Birth Rate
		Birth Rate	Adjusted Birth Rate	
1943	1539	20·1	—	16·5
1944	1752	23·0	—	17·7
1945	1686	21·6	—	16·1
1946	2118	24·5	—	19·1
1947	2183	24·4	—	20·5
1948	1911	20·9	—	17·9
1949	1872	20·5	—	16·7
1950	1702	18·2	18·9	15·8
1951	1751	18·7	19·1	15·5
1952	1693	18·1	18·7	15·3
1953	1647	17·6	18·1	15·5
1954	1700	18·1	18·3	15·2
1955	1755	18·5	18·7	15·0
1956	1791	18·7	18·9	15·7
1957	1846	19·2	19·2	16·1
1958	1829	18·9	18·9	16·4
1959	1858	19·1	19·1	16·5
1960	1909	19·6	19·6	17·1

Table 3. England and Wales and Grimsby, 1943–1960.

## Death Rates.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Death Rate	Adjusted Death Rate	
1943	1144	14·9	*	12·1
1944	1001	13·1	*	11·6
1945	1036	13·2	*	11·4
1946	1028	11·9	*	11·5
1947	1175	13·1	*	12·0
1948	991	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6
1951	1127	12·0	12·6	12·5
1952	1040	11·1	11·7	11·3
1953	1022	10·9	11·4	11·4
1954	1087	11·6	12·1	11·3
1955	1066	11·2	11·8	11·7
1956	1063	11·1	12·6	11·7
1957	1072	11·1	12·6	11·5
1958	1044	10·8	12·2	11·7
1959	1012	10·4	11·8	11·6
1960	1032	10·6	11·9	11·5

\* Area comparability factor suspended by Registrar General.

Table 4.—Causes of and Ages at Death during the Year 1960

(as compiled from figures supplied by the Registrar General)

Causes of Death.		All Ages.			Under 1 year	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upw'ds
		Total	Males	F'm'les								
<b>All Causes</b>	Certified ...	1032	572	460	48	7	7	12	35	239	277	407
	Uncertified ...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, respiratory ...		6	6	...	...	...	...	...	...	5	1	...
Tuberculosis, other ...		2	...	2	...	...	...	1	...	1	...	...
Syphilitic disease ...		5	4	1	...	...	...	...	1	2	2	...
Diphtheria ...		...	...	...	...	...	...	...	...	...	...	...
Whooping cough ...		...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections ...		2	1	1	1	...	1	...	...	...	...	...
Acute poliomyelitis ...		...	...	...	...	...	...	...	...	...	...	...
Measles ...		...	...	...	...	...	...	...	...	...	...	...
Other infective and parasitic diseases ...		...	...	...	...	...	...	...	...	...	...	...
Malignant neoplasm, stomach ...		27	18	9	...	...	...	...	...	12	8	7
Malignant neoplasm, lung, bronchus ...		60	56	4	...	...	...	...	1	36	12	11
Malignant neoplasm, breast ...		18	...	18	...	...	...	...	1	6	3	8
Malignant neoplasm, uterus ...		8	...	8	...	...	...	...	...	3	3	2
Other malignant and lymphatic neoplasms... ..		102	58	44	...	...	1	2	3	35	36	25
Leukaemia, aleukaemia ...		6	1	5	...	1	...	1	...	2	2	...
Diabetes ...		4	1	3	...	...	...	...	1	2	...	1
Vascular lesions of nervous system		140	55	85	...	1	...	...	1	20	34	84
Coronary disease, angina ...		170	109	61	...	...	...	...	9	41	66	54
Hypertension with heart disease		45	27	18	...	...	...	...	...	5	15	25
Other heart disease ...		117	59	58	...	...	...	...	6	17	27	67
Other circulatory disease ...		48	26	22	...	...	...	...	...	4	18	26
Influenza ...		1	1	...	...	...	...	...	...	1	...	...
Pneumonia ...		33	16	17	4	1	...	1	...	5	7	15
Bronchitis ...		48	31	17	...	...	...	1	...	18	16	13
Other diseases of respiratory system		21	14	7	10	...	...	...	1	3	2	5
Ulcer of stomach and duodenum		10	7	3	...	...	...	...	...	1	2	7
Gastritis, enteritis and diarrhoea		6	...	6	1	...	...	...	...	1	1	3
Nephritis and nephrosis ...		5	2	3	...	...	...	...	...	2	1	2
Hyperplasia of prostate ...		8	8	...	...	...	...	...	...	...	1	7
Pregnancy, childbirth, abortion ...		1	...	1	...	...	...	...	1	...	...	...
Congenital malformations ...		7	4	3	5	...	1	...	...	1	...	...
Other defined and ill-defined diseases ...		95	46	49	26	3	3	...	3	8	13	39
Motor vehicle accidents ...		16	14	2	...	...	...	5	4	4	3	...
All other accidents ...		13	4	9	1	1	...	...	...	2	3	5
Suicide ...		8	4	4	...	...	...	1	3	2	1	1
Homicide and operations of war		...	...	...	...	...	...	...	...	...	...	...
<b>TOTALS</b> ...		1032	572	460	48	7	7	12	35	239	277	407



Table 5.—Infantile Mortality during the year 1960.

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH				Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 Year.
All Causes	Certified ...	...	24	5	—	—	—	29	8	7	3	1	48
	Uncertified ...	...	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...				—	—	—	—	—	—	1	—	—	1
Other infective and parasitic diseases ...				—	—	—	—	—	1	—	—	—	1
Pneumonia ...				—	1	—	—	1	—	1	1	1	4
Other respiratory diseases ...				—	2	—	—	2	3	4	1	—	10
Enteritis and diarrhoea ...				—	—	—	—	—	—	1	—	—	1
Congenital malformation of heart ...				1	1	—	—	2	3	—	—	—	5
Injury at birth ...				1	—	—	—	1	—	—	—	—	1
Post-natal asphyxia and atelectasis ...				10	—	—	—	10	—	—	1	—	11
Pemphigus and sepsis of newborn ...				—	1	—	—	1	—	—	—	—	1
Haemolytic disease of newborn ...				1	—	—	—	1	—	—	—	—	1
Immaturity without mention of disease ...				8	—	—	—	8	—	—	—	—	8
All other causes ...				3	—	—	—	3	1	—	—	—	4
Totals ...				24	5	—	—	29	8	7	3	1	48

Live Births in the year—

	Males	Females	Total
Legitimate ...	948	861	1,809
Illegitimate	51	49	100
Totals	999	910	1,909

Nett Deaths in the year—

	Males	Females	Total
Legitimate ...	27	20	47
Illegitimate	—	1	1
Totals	27	21	48

Table 6.—Cases of Infectious Diseases notified during the year 1960

Notifiable Disease	All ages			Under 1 year		1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—25 years		25—35 years		35—45 years		45—65 years		65 years and over		Total cases admitted to Hospital
	M	F	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Scarlet Fever	53	52	105	1	1	1	1	1	1	7	7	12	9	25	31	6	2	—	—	1	—	—	—	—	—	—	—	—	—	—
Measles	33	27	60	1	1	1	1	4	5	5	3	2	2	10	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	39	41	80	6	5	1	6	4	5	6	3	8	5	10	13	3	3	—	—	—	—	1	—	—	—	—	—	—	—	—
Acute Pneumonia	6	2	8	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic)	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	71	65	136	—	1	8	2	3	5	4	2	4	5	8	5	5	9	3	4	6	11	16	3	3	14	6	2	1	—	3
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	2	1	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Rheumatism	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria (Believed to be contracted abroad)	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken pox	330	298	628	12	16	29	17	33	30	30	26	35	30	168	152	13	20	3	3	—	1	4	2	2	1	—	—	—	—	1
Totals	536	491	1027	22	24	49	32	45	46	52	41	62	51	222	212	27	36	8	7	7	17	19	5	6	18	9	2	1	—	11

TABLE 7—GRIMSBY, 1960.  
TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	-	-	-	-	-	-	-	-
1—2 years ...	1	1	-	1	-	-	-	-
2—5 years ...	5	-	-	-	-	-	-	-
5—10 years ...	2	5	1	1	-	-	-	-
10—15 years ...	1	-	1	-	-	-	-	-
15—20 years ...	1	3	1	1	-	-	-	1
20—25 years ...	6	4	-	-	-	-	-	-
25—35 years ...	7	5	1	2	-	-	-	-
35—45 years ...	4	3	2	2	-	-	-	-
45—55 years ...	6	1	1	-	2	-	-	1
55—65 years ...	4	1	1	-	3	-	-	-
65—75 years ...	3	2	-	-	1	-	-	-
75 and upwards	-	-	-	1	-	-	-	-
Totals ...	40	25	8	8	6	-	-	2

TABLE 8—GRIMSBY, 1960.  
TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														
	Alexandra	Clee	Hainton	Humber	Littlefield	Little Coates	Nunsthorpe	Scartho	South	South-West	Victoria	Weelsby	Wellow	Wellington	Totals
<i>Pulmonary</i> :—															
Males ...	4	—	2	2	2	4	7	—	4	1	5	2	3	4	40
Females ...	3	—	1	1	—	1	7	—	2	2	4	2	—	2	25
<i>Non-Pulmonary</i> —															
Males ...	—	1	1	1	—	1	1	—	—	—	—	2	—	1	8
Females ...	2	1	1	—	—	1	—	1	—	1	—	—	1	—	8
Total ...	9	2	5	4	2	7	15	1	6	4	9	6	4	7	81
<i>Inward Transfers.</i>															
<i>Pulmonary</i> —															
Males ...	2	1	1	—	—	—	—	1	1	—	1	—	2	1	10
Females ...	1	—	3	—	2	1	1	1	2	—	—	—	—	1	12
<i>Non-Pulmonary</i> —															
Males ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females ...	—	—	—	1	—	—	—	—	—	—	—	—	1	—	2
Total ...	3	1	4	1	2	1	1	2	3	—	1	—	3	2	24
Grand Total ...	12	3	9	5	4	8	16	3	9	4	10	6	7	9	105



**Table 9—Grimsby 1951—1960.****Tuberculosis.—Notifications and Deaths.**

Years	Notifications			Deaths		
	Pul-monary	Non-Pul-monary	Total	Pul-monary	Non-Pul-monary	Total
1951	126	23	149	48	7	55
1952	124	24	148	29	3	32
1953	92	14	106	24	2	26
1954	87	20	107	21	1	22
1955	64	11	75	16	2	18
1956	78	15	93	18	1	19
1957	80	22	102	11	1	12
1958	68	15	83	15	1	16
1959	57	6	63	11	1	12
1960	65	16	81	6	2	8

**Table 10—England and Wales and Grimsby, 1951—1960**

Total Tuberculosis death rates in each year of the Decennium.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
England and Wales	0·31	0·23	0·19	0·17	0·14	0·11	0·10	0·10	0·08	0·07
Grimsby	0·59	0·34	0·27	0·23	0·19	0·19	0·12	0·16	0·12	0·08

**Table 11—Factories Acts, 1937 to 1959.**

Annual Report of the Medical Officer of Health in respect of the Year 1960 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Prescribed particulars on the administration of the Factories Act, 1937.

**PART I OF THE ACT.****1.—INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	363	488	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	484	451	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	25	33	1	—
<b>TOTAL</b> ...	872	972	8	—

**2.—CASES IN WHICH DEFECTS WERE FOUND.**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases.")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.) ... ..	153	134	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ...	1	1	—	—	—
Inadequate ventilation (S.4) ... ..	5	3	—	—	—
Ineffective drainage of floors (S.6.)	16	15	—	—	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient ... ..	3	4	—	—	—
(b) Unsuitable or defective ...	74	52	—	7	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	200	149	—	1	—
TOTAL ...	452	358	—	8	—

## PART VIII OF THE ACT.

## OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc. ....	1	—	—	—	—	—
Nets, other than wire nets ....	154	—	—	—	—	—
TOTAL ....	155	—	—	—	—	—



## PART IX SCHOOL HEALTH SERVICE

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### Report of the Principal School Medical Officer for the year 1960

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*To the Chairman and Members of the Education Committee.*

In presenting the annual report on the School Health Service for 1960, I am once again pleased with the very satisfactory state of health generally. The rate of infectious and contagious diseases was well within the normal average expected, but the number of new cases of tuberculosis showed an increase over the very low figure for the previous year. This was partly inflated by a small outbreak in one class. The action taken is described in the report and no further cases arose. Although the scourge of tuberculosis is conquered this clearly illustrates that careful vigilance by all concerned is still necessary. It is a most important step in the fight against tuberculosis that we have been able this year to extend the B.C.G. scheme to include all the eligible children. The 89 per cent consent rate is particularly pleasing when all the publicity relating to poliomyelitis only obtained 79 per cent. At the same time the immunisation against diphtheria must never be overlooked because, as forecast, outbreaks have occurred in greater numbers nationally during the year. Only by maintaining a constant high rate of immunity can this fatal disease be prevented from re-emerging as the dreaded illness it used to be.

Nutrition seems to be no longer a problem and if the standard of living can be relied on to continue at its present level more emphasis will have to be placed on the mental development as opposed to the purely physical. Already this better nutrition has produced the problem of earlier maturity with all the associated emotional problems. The increasing work of the Child Guidance Centre illustrates this point, and if adult mental illness is ever to be diminished then much more must be done to assure the healthy psychological development of the school child. Perhaps one day this aspect of the developing mind will receive emphasis equal in importance to the 11-plus and G.C.E. examination results!

Cleanliness still requires special vigilance and the total number found verminous (including those with only a few nits) represented 4.2 per cent of the school population. Although not above the national average this is a slight increase on last year's figures. Likewise there has been a small outbreak of scabies which, due to prompt treatment, has been controlled.

The specialists' clinics have continued a most useful service which is not only of benefit to the children but is also a great help to the school medical officers.

The report of the Principal Dental Officer shows a much improved state of dental care but, alas, this may be only temporary since it would appear that the lure of general practice may rob us of our recent gains.

Physical education, speech therapy and child guidance continue to play their respective parts, co-operation all round being excellent.

The friendly relationship with the Education Department and the teachers has made our task much easier. Indeed, I would like to thank all departments concerned with children for their ready help. To the Education Committee I am grateful for the interest in and willingness to give serious consideration to the matters placed before them.

R. GLENN,  
*Principal School Medical Officer.*

HEALTH DEPARTMENT,

1 Bargate, Grimsby.

April, 1961.

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R. E. RICHARDSON, M.Sc., Ph.D.

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**STAFF OF SCHOOL HEALTH SERVICE***Medical Officer of Health and Principal School Medical Officer* :—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.

*School Medical Officers*—

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (res.: 27.9.60)

SAMUEL R. W. MOORE, M.B., B.Ch., B.A.O., D.P.H. (appt.: 17.10.60)

JOHN G. J. COGHILL, M.B., Ch.B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

JAMES L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M.

*Principal Dental Officer*—

DONALD W. HUNT, L.D.S., R.C.S. (Eng.)

*Dental Officers*—

GEOFFREY S. WATSON, B.D.S., L.D.S.

ROBERT D. BORRILL, B.D.S., L.D.S., R.C.S. (Eng.)

CHARLES B. G. MAJOR, B.D.S., L.D.S., R.C.S. (Eng.)

*Part-time Dental Officer*—

DAVID U. E. MILLER, L.D.S., R.C.S. (Eng.)

*Superintendent Health Visitor/School Nurse*—

Mrs. I. HALDANE

*Health Visitors/School Nurses*—

Miss M. TIPPLER, Miss M. BAGG, Miss J. D. M. VARRIE, Mrs. M. KOZLOWSKI, Miss J. BELL, Miss K. SPENCER, Miss I. ADAMSON, Miss M. HARDWICK, Mrs. I. STOREY.

*School Nurses*—

Miss H. M. SCARLETT, Mrs. A. C. NICHOLSON, Mrs. J. MARSH, Mrs. E. HEWSON, Mrs. M. WALMSLEY, Mrs. M. MAULTBY (part-time).

*Clinic Nurses*—

Mrs. G. WHITEHALL, Mrs. M. MILLS (part-time), Mrs. F. WATERHOUSE (part-time, res.: 30.4.60), Mrs. M. COLEMAN (part-time), Mrs. K. THOMPSON (part-time, appt.: 30.5.60, res.: 30.9.60), Mrs. W. MASON (part-time, appt.: 1.10.60).

*Dental Staff*—

Mrs. M. AYLOTT (Clerk), Mrs. D. CAMPION (res.: 29.1.60), Mrs. S. J. PICKING, Mrs. M. FINNIE, Miss S. M. CASH, Miss J. CULLINGTON (appt.: 8.2.60).

*Clerical Staff*—

Miss A. ROBERTS, Mrs. A. BECKETT, Miss M. ROBINSON.



## GENERAL INFORMATION

Home population at all ages (estimated at 30th June, 1960) 97,030

Estimated Child population (30th June, 1960.)

Under 1 year .. .. 1,820

1 to 4 years inclusive .. .. 6,980

5 to 14 years inclusive .. .. 16,100

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 Total under 15 years .. .. 24,900
 

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**Primary Schools***Number on Rolls*

Number of schools .. .. 18

Number of departments .. .. 33 10,052

**Secondary Schools**

Number of schools .. .. 6

Number of departments .. .. 11 4,433

**Secondary Grammar and Technical Schools**

Grimsby Wintringham Boys' Grammar School .. 644

Grimsby Wintringham Girls' Grammar School .. 643

Havelock School .. .. 850

Technical School .. .. 693

**Special School**

Carnforth Day Special School .. .. 130

**Nursery School**

Nunsthorpe Nursery School .. .. 46

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 Total number of pupils on rolls (December, 1960) .. 17,491
 

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## FINDINGS OF MEDICAL INSPECTIONS.

**Nutrition.**—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically inspected is now made under the designation 'physical condition'. This includes general condition and physique, replacing the older classification of general condition only.

'Physical condition' is assessed under two headings—satisfactory and unsatisfactory. Of the 5,111 children medically inspected 5,098 (or 99.75%) were classified satisfactory, and 13 (0.25%) as unsatisfactory.

At the end of the year 6,187 children were paying for school dinners and 555 were receiving them free. The number of children drinking school milk was 14,709 each day.

**Uncleanliness.**—Examinations are carried out at regular intervals at the various schools by the school nurse, statutory notices being issued to parents where indicated.

Facilities are available at the school clinic for disinfecting those children who repeatedly attend school in a verminous condition. A nurse is in daily attendance, and D.D.T. preparation is issued free to parents with full instructions as to how to carry out the necessary treatment.

Inspections totalled 34,404 ; the number of individual children found to be unclean being 733, while at routine school medical inspections 78 children out of 5,111 examined showed evidence of louse infestation.

**Diseases of the Skin.**—The incidence of scabies and all skin diseases found at routine medical inspections during the last few years is given in the following table.

	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1955	1956	1957	1958	1959	1960
All skin diseases ...	4.8	3.3	5.9	5.9	5.4	6.9
Scabies ...	1.1	—	—	—	0.1	0.1

A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the school clinic during the same six years.

Disease.	1955	1956	1957	1958	1959	1960
Ringworm (scalp) ...	—	3	—	—	—	—
Ringworm (body)	—	3	—	—	—	—
Scabies ... ..	17	14	2	—	1	25
Impetigo ... ..	39	30	46	22	19	16

**School Clinic.**—The School Clinic is situated in Burgess Street, corner of Upper Spring Street, and is open daily from 8.40 a.m. to 5.30 p.m. Minor ailment clinics are held each morning, and the school medical officers hold three sessions per week for special medical inspections. Specialist Clinics are held as follows:—

Ophthalmic—weekly ; Cardiac—monthly or by arrangement ; and Orthopaedic—fortnightly.

The figures for attendance at the School Clinic were as follows :—

Special inspections by medical officers	..	..	77
Re-inspections by medical officers	..	..	56
New cases dealt with by clinic nurses	..	..	163
Total attendances	..	..	4,209

**Defects of Vision and Diseases of the Eye.**—Refraction was carried out on 194 children (54 new cases,) and glasses were prescribed for 167. Attendances number 347 and no cases of eye disease were referred from the school clinic during the year.

#### **Diseases of the Ear, Nose and Throat—**

(a) **Audiometry.**—During the year hearing tests by the sweep method were carried out in schools and the results were as follows :—

Number tested	..	..	1,039
Number found satisfactory	..	..	999
Number referred to the school clinic for special examination and final disposal	..	..	40

(b) **Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 70. These were classified as follows :—

Chronic tonsillitis	..	..	23
Adenoids only	..	..	5
Chronic tonsillitis & adenoids	..	..	31
Other conditions	..	..	11

Appropriate treatment was carried out by the clinic nurse in suitably selected cases as advised by the medical officers.



(c) **Diseases of the Ear.**—33 new cases of otitis media and 7 old were examined at the school clinic. Of the 40 cases seen, 9 were referred to the E.N.T. Specialist on account of deafness. The efficacy of the modern antibiotic treatment of all acute and subacute ear infections is clearly reflected in the dwindling number of cases which now become chronic with inevitable impairment of hearing, if not complete deafness of one or even both ears.

The clinic nurse carried out special treatment advised by the E.N.T. Specialist in 4 new cases of otitis media : this entailed a total of 84 attendances.

**Heart Diseases and Rheumatism.**—During the year 10 consultative clinics were held at the school clinic. 59 cases (of which 17 were new) made a total of 69 attendances.

**Orthopaedic Clinic.**—During the year 24 consultative clinics were held at the School Clinic. 189 cases (of which 61 were new) were seen ; of these 37 were found not to require treatment.

# SCHOOL HEALTH SERVICE AND HANDICAPPED PUPILS

## REGULATIONS, 1953.

(As on December 31st, 1960)

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind ... ..	—	1	—
Partially sighted ...	—	5	—
Deaf ... ..	—	6	1
Partially deaf ...	—	4	—
Educationally sub-normal ...	15	117	—
Epileptic ... ..	22	4	—
Maladjusted ...	6	2	—
Physically handicapped	—	1	2*
Speech defect ...	—	—	—
Delicate ... ..	—	2	—

\* Includes 1 receiving home tuition.

**Infectious Diseases.**—No school or department was closed on account of communicable disease during 1960.

The incidence of notifiable diseases in children aged 5 to 15 years was as follows, the figures in brackets indicating the numbers notified in 1959 :—

Scarlet fever 64 (107) ; measles 20 (241) ; whooping cough 29 (95) ; pneumonia 1 (1) ; dysentery 27 (397) ; chicken pox 353 (493) ; meningococcal infection 2 (—) ; and acute rheumatism 1 (4).

In addition 11 children of school age were notified under the Public Health (Tuberculosis) Regulations, 1952, as suffering from tuberculosis, compared with 5 in the previous year. Of these, 8 were classed as pulmonary and 3 as non-pulmonary.

**Tuberculin Survey in Schools.**—Where a schoolchild is notified as suffering from primary lung tuberculosis, parental consent is obtained to tuberculin testing of class contacts, and all positive reactors are referred to the Chest Physician for further investigation. This work is continued as a routine in order to exclude the possibility of infection among school children.

In May, two children who attended a junior school were notified as suffering from pulmonary tuberculosis, and the class contacts were immediately investigated. In a total class of 33 eight year olds, six gave a positive reaction to the Heaf tuberculin test, and the Chest Clinic arranged for a large x-ray for these six children, the results of which were as follows.

One case required admission to the Chest Hospital as she had such a large active primary complex. Two others showed enlargement of the right hilum and were considered to be primary complexes and were kept under observation at the Clinic. The other three children were radiologically normal and one of these included the twin of the child admitted to hospital.

**B.C.G. Vaccination.**—There has been a notable increase in the number of children receiving B.C.G. vaccination this year because it was possible to extend the programme to all schools and include children age 14 years and upwards. Hitherto thirteen year old children in six selected schools have been offered vaccination, but since the demands of poliomyelitis vaccination have fallen off there was time for this work to be brought up-to-date. In future it will be only necessary to visit secondary education schools each year to provide B.C.G. vaccination for children aged 13-years. The following information briefly summarises the work undertaken.

#### 1. ACCEPTANCES.

Number offered tuberculin testing and vaccination if necessary	..	..	..	..	..	..	3,024
Number of acceptances	..	..	..	..	..	..	2,578
Percentage of acceptances	..	..	..	..	..	..	89

#### 2. TUBERCULIN TESTING AND VACCINATION

<i>Aged 13-years</i>							
Number skin tested	..	..	..	..	..	..	1,173
Number found negative	..	..	..	..	..	..	1,037
Number vaccinated	..	..	..	..	..	..	1,037
<i>Aged 14-years and over.</i>							
Number skin tested	..	..	..	..	..	..	1,332
Number found negative	..	..	..	..	..	..	1,167
Number vaccinated	..	..	..	..	..	..	1,167

Since the scheme commenced in May, 1954 the number of children vaccinated each year is as follows :—

<i>Year</i>	<i>Number vaccinated</i>						
1954	..	..	..	..	..	..	320
1955	..	..	..	..	..	..	297
1956	..	..	..	..	..	..	400
1957	..	..	..	..	..	..	408
1958	..	..	..	..	..	..	456
1959	..	..	..	..	..	..	573
1960	..	..	..	..	..	..	2,204

**Protection against diphtheria.**—Special diphtheria immunisation sessions were conducted at school premises in conjunction with the medical inspections, and of the following details 329 primary and 1,764 maintenance injections were undertaken in schools. Too many youngsters are found not to have received diphtheria immunisation before they are primarily immunised at school. Efforts are being made to improve this situation.

<i>Primary immunisation</i>		<i>Re-inforcing injections</i>	
Under 5-years	1,331	Under 5-years	50
5—15 years	339	5—15 years	1,918
Total		1,968	

The total primary immunisations for last year was 1,536 and re-inforcing injections numbered 1,972.

**Poliomyelitis vaccination.**—Seventy-eight per cent of the child population is now protected against poliomyelitis, and sessions have not been held in schools this year. The majority of children receive immunisation before they are five years old at the normal clinic sessions, and it is a routine which follows diphtheria immunisation when a child is 9-months old. The number of children who received two injections was 1,558 (under 5 years — 1,185 ; 5 — 15 years 373), and 3,234 children had third injections.

**Employment Certificates.**—During the year certificates were issued to 222 school children who were engaged in particular employment after school hours.

**Provision of Clothing.**—Clothing was supplied to 232 children at a cost of £1,106.

**Sanitary arrangements in schools.**—There has been no alteration to sanitary accommodation at schools in 1960.

## DENTAL SERVICE

Mr. Donald W. Hunt, L.D.S., R.C.S. (Eng.), principal dental officer, presents the following report :—

I have pleasure in presenting my twelfth Annual Report on the Dental Services provided by the County Borough of Grimsby for school children, pre-school children and expectant and nursing mothers.

There have been no staff changes during the year under review, and the service has been fortunate in retaining the services of four full-time dental officers, one part-time dental officer, and a part-time medical anaesthetist. Although not an ideal staff-patient ratio for priority classes numbering more than twenty thousand persons, this is nevertheless a satisfactory state of affairs when considered against a country-wide pattern of Local Authority Dental Services unable to attract young dental surgeons to their employment, and remaining in a most seriously understaffed condition.



The Minister of Education has, in recent years, indicated that a minimum staffing requirement for a satisfactory school dental service is one dental officer to three thousand children. Allowing for the proportion of time allocated to work on patients for the Health Committee (i.e., expectant and nursing mothers, etc.) the ratio in Grimsby is approximately one dental officer to four thousand six hundred children. The national average, however, is only one dental officer to six thousand six hundred children.

Twenty-nine local authorities have less than one dental officer to ten thousand children ; a further forty-four have less than one and a half dental officers to ten thousand children. Seventy-four per cent of school dental officers are over forty years of age ; in fifteen years time half the existing staff of school dental officers will have retired. There is virtually no full-time recruitment to the service, forty-five per cent. of school dental officers are employed in a part-time capacity, and these part-time officers stay on the average for less than one year. These figures are given to emphasise the seriousness of the overall position, and to place Grimsby in its right perspective . . . . . at best that of a faintly shining star in an otherwise dark galaxy. The writer has commented on the reasons for this appalling state of affairs in previous annual reports, and is very sorry that little or nothing is being done at a national level to make the School Dental Service an interesting and worth while career for the consideration of the young graduate.

It should be remembered that Local Authority Dental Services were intended in the words of the Teviot Committee to be "the sharpest point of attack of the dental force of the country on dental disease." The sections of the community for whom these services are provided are known in the dental context as the "Priority Classes." If they are to be given any priority at all the present position must be remedied very quickly, before the existing service breaks down completely. Few in the School Dental Service would now anticipate that a solution will be found within the existing Local Authority framework ; but the writer offers the suggestion that many of the apparent difficulties would be resolved if Local Authorities continued to provide surgery premises and be consulted in the appointment of staff, but that the dental officers be actually appointed and remunerated by either Regional Hospital Boards or Local Executive Councils.

Whilst the staffing position in Grimsby has been better than elsewhere, much difficulty has been experienced in providing surgery accommodation for the staff available. The long anticipated clinic in Dudley Street was opened during the year and somewhat relieved the position, although one dental surgeon is still without a surgery after some fifteen months of service with the Authority. It is understood, however, that a new clinic is to be provided in the Nunsthorpe area during 1961.

The Dental Staff regret that this new clinic is again to be designed to hold but one dental surgery. The many advantages of "Group Practice" are becoming increasingly recognised in both medicine and dentistry, and the future pattern of practice will be along these lines. In the School Dental Service in particular, it is also most probable that there will be a considerable increase in

the use of Oral Hygienists and other types of ancillary personnel. These workers must operate only under the direct supervision of a dental surgeon, and cannot be employed therefore in a single surgery clinic.

Considerable fluctuation of the staff-patient ratio is to be expected in the immediate future and the continuity of the service and its adaptability to changing conditions would be most readily assured if at least one dual surgery clinic was available in the Town. For these reasons, therefore, the dental staff feel that in a compact borough such as Grimsby, the development of the School Dental Service should be in a smaller number of well-sited dual surgery clinics rather than in a larger number of scattered single surgery units.

The statistical tables given on page 101 illustrate the general trend of the type and amount of work being undertaken by the service. The number of children seen at routine school dental inspections remains at much the same level as in the previous year, but there has been a marked increase in the number of children attending as "specials". The number of teeth extracted and the number of general anaesthetics administered, however, is considerably less than in 1959. The increase of special attendances is not made up of children seeking relief from pain, but of children attending the clinic of their own accord for "check-up", conservative, or orthodontic purposes. This is a particularly heartening aspect of the picture so far as the dental staff are concerned and shows that not only are children caring for their mouths and teeth, but the old Music Hall joke regarding "Fear of the Dentist" has no meaning for them.

Side by side with the decreased amount of pain and subsequent extractions there is a substantial increase in the more constructive work of the service. There is a 25 per cent. increase in the number of teeth filled, and a hundred per cent. increase in the amount of orthodontic work being undertaken. The aim of a complete school dental service is to ensure "that every child leaves school with a healthy, complete, and regular natural dentition. . . . and trained in its use and care." This ideal is inevitably decades away from 1960, but the figures given above do show that in Grimsby the service is moving quite rapidly now in the right direction.

A large part of the work of the clinics is covered by the figure of 3,785 for "other operations". It is not possible to itemise every form of treatment undertaken during the year, but this figure includes much of the most technically interesting work of the service as well as such minor items as treatment for eruption pains or minor injuries.

It is satisfying to be able to report that full facilities exist in the service for whatever form of treatment may be in the best interests of the patient, and the writer would like to take this opportunity of thanking his staff for the very high operative standards maintained during the year.

The school dental service has never been intended as only a surgical service, and its purpose has always been to control dental diseases by prevention as well as by treatment. This aspect of the work of the service has been sadly neglected for many years, but advantage is to be taken of the existing improvement in the staffing position by restoring emphasis to the prevention of dental disease.

In 1961 a campaign of Oral Health Propaganda will begin in the town, and it is hoped that in this way school children will be trained in the care of their mouths and teeth and so reduce the amount of avoidable teeth and gum disorder. Details of the campaign need not be given here, but the co-operation of all concerned with the care of children will be sought and every effort made to ensure that the campaign will be both intensive and effective.

The results of the campaign will be gauged by the use of a simple questionnaire issued at the beginning and at the end of the period, and by a clinical assessment of the oral hygiene of children inspected at routine dental inspections. The Ministry of Health is interested in the campaign, Grimsby being one of several areas selected for the study of pilot schemes, from which experience may be gained before the best methods of oral health teaching can be incorporated in a national campaign.

The dental work undertaken for the Health Committee in the treatment of Expectant and Nursing Mothers and of Pre-schoolchildren is shown in the table given on page 24. The volume of work for mothers is much the same as in previous years, but there is a welcome increase in the number of toddlers being seen at the dental clinics. Quite a large proportion of these toddlers are receiving conservative treatment and there is actually a reduction in the number of extractions for the relief of pain in this group of patients. This is a most welcome aspect of the report, for a very young child may easily become a difficult patient in the future if his first visit to the dentist is associated with toothache and the relatively unpleasant business of an extraction and its inevitable haemorrhage. If some milder form of treatment is possible on the first occasion the child will quickly become used to the dentist as a normal part of his life and will accept whatever may be required in the future without protest.

In conclusion I would like to express my thanks to the Education Committee for their sympathetic consideration of all matters placed before them, and to the Director of Education, the Medical Officer of Health, and their staffs, for their invaluable assistance and co-operation during the year.

One of the most pleasing aspects of work in the School Dental Service is the knowledge that one is part of a team whose only object is the care and education of the children for whom it is responsible. Without co-operation this task would be difficult and unrewarding, and the writer is indeed grateful to all those with whom his work brings him into contact for their ever present helpfulness and interest in the work of the service.

### CHILD GUIDANCE SERVICE

Dr. M. J. Tyerman, Educational Psychologist, submits the following report on the work of the Child Guidance Service during the year ended 31st December, 1960.

**1. Staff.** There were no staff changes during 1960. The full-time members at the Centre are Dr. M. J. Tyerman, Educational Psychologist ; Miss M. E. D. Pearson, Social Worker ; Mr. T. D. MacKenzie, Remedial Teacher/Psychological Tester and Miss K. L. Nocton, Secretary-Receptionist ; Mrs. M.



N. Green, a remedial teacher, attends the Child Guidance Centre six sessions a week, and spends the remaining time in school. Mr. G. Bookbinder of Manchester was appointed assistant psychologist in November and will take up duty in February, 1961.

By arrangement with the Sheffield Regional Hospital Board, Dr. J. F. R. Goodlad, consultant psychiatrist of Lincoln, has continued to attend for two sessions each week. His skilful and willing help, his ready co-operation and advice are greatly appreciated.

2.—The school children covered by this service number approximately 17,500 and since facilities are extended to all children under the age of 18 the actual child population is probably about 25,000.

### Statistical Summary :—

Number of children referred since the Service was inaugurated :—2101

Number of children referred by year :—

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
116	124	127	105	143	174	250	236	200	192	190	244

**Comment.**—The figure of 244 individual cases reflects only one aspect of the work. Other no less important services in Grimsby include : the discovery and statutory examination of handicapped children who need special educational treatment, remedial classes within the schools, a hospital class, and assisting in the revised transfer arrangements for children at the age of 11, in addition to general advisory work. This might be termed the Schools Psychological Service.

335 children were tested in groups or classes, 629 were given remedial help in schools, 19 children were statutorily examined, and 166 received help in hospital.

The child guidance centre is part of the child guidance service : it is not a psychiatric outpatients clinic for the treatment of children's emotional disorders. The Service is concerned with the educational and social adjustment of all children, and helping children with personality difficulties is just one small part of the work. An essential function of education is to help a child adjust to his environment and most adjustment problems are, in the broadest sense, educational problems : these must be dealt with as part of the education service. Child guidance is just another name for education.

This child guidance service is just one of the many ways in which the Committee tries to assist the child's development. It is, therefore, essential that the Service regards itself as part of the school system, and organised to assist the schools, and other welfare agencies. All are working to the same end, and to do so effectively must work together.

There is a very close and friendly link between the child guidance service and the schools, the school health service, the children's department, the probation service, the N.S.P.C.C., and many of the consultants and general practitioners. Grateful thanks are extended to these colleagues, and especially



to Dr. R. Glenn, the Principal School Medical Officer and Dr. R. E. Richardson, the Director of Education. This is no formal acknowledgement. These chief officers have always given their confidence, support and active help, and this is greatly appreciated.

**A. Cases closed, current and awaiting interview :**

Number of cases dealt with in 1960 .. .. .	230
Number of cases closed during 1960 .. .. .	197
Number of cases current on 31st December, 1960 .. .. .	158
Number of children awaiting initial interview .. .. .	13

**B. Particulars of children referred in 1960 ..**

**1. Number** (excluding those submitted for remedial teaching in school) .. .. 244

**2. Age at time of referral :**

Below 5 years	Pre-School .. .. .	11
5 but not 6	Primary (Infant) School	18
6 " " 7		18
7 " " 8	Primary (Junior) School	28
8 " " 9		17
9 " " 10		21
10 " " 11		26
11 " " 12	Secondary School .. ..	41
12 " " 13		26
13 " " 14		15
14 " " 15		15
15 and above		8

Anyone may request an appointment for a child under 18 and no-one is refused. All attendances are entirely voluntary.

Most of the children referred are in Primary Schools. This is to be encouraged for the earlier a difficulty is discovered the better.

**3. Sex :** Boys 147 ; Girls 97.

As in previous years, nearly twice as many boys as girls have been referred. This proportion is general in child guidance work. It probably does not mean that girls have fewer problems than boys, but that their difficulties are less noticeable or more acceptable.

**B. 4. Reasons given for referral :**

	Boys	Girls	Total	%
Mental or personality assessment .. .. .	49	49	98	40
Difficult behaviour .. .. .	36	16	52	21
Emotional problems .. .. .	16	6	22	9
Educational guidance .. .. .	30	19	49	20
Habit disorders .. .. .	14	6	20	8
Failure to make progress at school .. .. .	2	1	3	2

These categories overlap considerably and only indicate the conditions for which the child is referred. On examination other circumstances requiring attention are also often found. The following cases, slightly altered to avoid identification, may illustrate this :

(a) **mental assessment** : A boy, aged 5 was brought to the Centre by his mother who feared that he was backward because he was "unable to stand up for himself", was frightened to go to school, was sick every school morning and unable to write clearly. Tests indicated average intelligence but conversations with the mother indicated very clearly that she expected too much of the boy in some respects, and yet overprotected him in others. She also passed on to him many of her own fears. Simply reassuring the mother about his intelligence level, advising her on normal behaviour and management, and encouraging the boy, are helping him become much more self confident.

(b) **difficult behaviour** : A girl, aged 11, was referred for stealing. An offence that is carried out at some time or other by nearly all boys and most girls. She was found to be of very limited intelligence, to truant from school, to be a non-reader and very backward in arithmetic. She wet her bed every night, showed violent tempers and a great jealousy of her younger brother. The mother had deserted the family on three occasions for long periods and the father had little affection for his daughter. This girl requires special help at school, psychological treatment for the wetting and jealousy, and the mother needs to be made aware of the childrens' needs. The girl must learn to adjust to an unstable home for it is unlikely that the mother will become less selfish ; but because of limited intelligence this will be difficult.

(c) **emotional problems** : Under this heading are considered fears, anxiety, phobias, timidity, over sensitivity, unsociability, melancholy periods, brooding, over-excitability, lethargy, obsessions, rituals, loss of memory, hysterical fits, etc.

A boy, aged 6, was referred for excessive timidity. He was over-sensitive, solitary, unsociable, depressed, apathetic, and unresponsive. He would rarely speak in school, or even to his parents if anyone else was present. He seemed to be of average intelligence and the home conditions seemed to be satisfactory though the parents seemed very quiet. As a first step frequent play interviews to win the boy's confidence seemed to be indicated but the mother said the boy would grow out of it and that she was unwilling to bring him to the Centre regularly.

(d) **educational guidance** : A boy, aged 15, moved to Grimsby from a secondary modern school in the North of England. The parents wished to know whether he has sufficient ability to profit from a course leading to G.C.E. at the College of Further Education.

(e) **habit disorders** : in this category are normally included speech defects, sleep walking, nervous tics, incontinence of urine and/or faeces, and allergic conditions. Most common is bed-wetting.

A boy, aged 9, had not had a dry bed for years. His parents said they had read that if no attention is paid to day or night wetting the baby or young

child will gradually become dry of his own accord. In most cases this happens, in this boy's case it did not. He became extremely self conscious, neither he nor his parents felt able to go on holiday, the mother complained of ruined sheets and mattresses and of all the washing, and the boy felt a baby. He had no self confidence, was frightened other boys would discover his secret, and was making poor progress at school. The doctor ruled out physical causes. The first essential seemed to get dry beds, to break the vicious circle of " wet, worry, more wetting, more worry etc. ". This was done by having the parents waken the boy for the toilet when they went to bed at 11, and when the father got up for work at 6, and by the boy himself setting an alarm clock for 2.30 a.m. At the same time the physiological mechanism was explained to him and the parents, and they were told of the very high proportion of children with similar difficulties. He was enrolled in a youth organisation, and given medicines to help his appetite and make him feel more sprightly. Remedial teaching was arranged for him, and the parents advised on ways to increase his self confidence. As he becomes more confident it is hoped to reduce and then to stop waking him up.

(f) **failure to make progress at school :** A girl, aged 11, was brought by her mother who was concerned at her inability to read. Tests showed that her learning ability was good. But owing to her father's work she had attended ten different schools in five years and because of illness she was in school less than half-time. Her physical condition is now satisfactory, her parents are staying in Grimsby, she is in a remedial class at school, and has special individual lessons at the Centre. She should do well.

##### 5. Source of referral :

								%
Parents (direct or through school)	..	..	..	..	..	..	16	7
Headteachers	..	..	..	..	..	..	105	43
M.O.H. and his staff	..	..	..	..	..	..	9	4
Director and his staff	..	..	..	..	..	..	49	20
General Practitioners or Consultants	..	..	..	..	..	..	36	14
Children's Officer and Magistrates (through M.O.H.)	..	..	..	..	..	..	17	7
Probation Officers	..	..	..	..	..	..	7	3
Speech Therapist	..	..	..	..	..	..	2	1
Other	..	..	..	..	..	..	3	1

A wide range of welfare workers bring children to the notice of the child guidance service, but teachers are chiefly responsible. This reflects the close and friendly relationship between schools and the Service. Occasionally an elder brother who once attended the Centre has referred his younger brother, and a child has asked if his pal could be helped.

Although most of the children have been referred on expert advice, this is not essential. Anyone can refer a child, and parents have the right of direct access to the Service without their children having first been seen and recommended by some intermediary. The Service has, and must retain, the confidence of parents. This, and their willing co-operation, are only possible if the Centre is a place to which they can come without difficulty or ' red tape ', and which on arrival seems very ordinary, pleasant and helpful.



**6. Cases from previous years dealt with in 1960 :**

Number of children referred in 1959 but not interviewed until 1960 .. .. .	20
Number of children interviewed in 1959 and still current on 1st January, 1960 .. .. .	131

**C. Details of Referral Interviews held :**

<b>1. Number</b> .. .. .	230
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Two hundred and thirty new cases were dealt with in 1960 and 131 old a total of 361.

**2. Intellectual level of the 230 cases :**

Ineducable/educationally subnormal .. .. .	(I.Q. below 70)	10
Dull .. .. .	(I.Q. 70—84)	22
Low Average .. .. .	(I.Q. 85—94)	29
Average .. .. .	(I.Q. 95—104)	34
High Average .. .. .	(I.Q. 105—114)	19
Superior .. .. .	(I.Q. 115—129)	36
Very Superior .. .. .	(I.Q. 130+ )	8
Not tested .. .. .		72

This child guidance service is concerned with the adjustment of all children, not merely those of limited intelligence. The ability range of the children seen corresponds closely with the distribution of intelligence in the school population, showing the Service deals with children of all types.

**3. Recommendations made at the time of first interview :**

(a) Regular treatment interviews .. .. .	53
(b) Occasional interviews to give support .. .. .	36
(c) Report or advice (excluding 'd') possibly with later follow up .. .. .	134
(d) Special educational treatment required .. .. .	7
	(230)

Because children's disorders are of many types and take many different forms it is often difficult to know when a child needs treatment. A child is continually developing and the changes that this brings may completely alter the situation. Certain symptoms, for example irrational fears, are often unimportant at certain ages and yet extremely serious at others. Furthermore the home situation may be such that certain types of treatment though desirable are impracticable. For example regular play interviews for a child living off a bus route with his mother who is shortly to have a baby.

The guiding principle is always to consider the mother as the basis of the home and to ensure that whatever treatment is offered is a help to her rather than an additional duty. Many mothers are overtaxed and overtired : often a restful holiday for the mother would do the child more good than receiving child guidance treatment. Frequent attendance at the Centre is, therefore, suggested only when absolutely necessary.

A means of helping both the child and an overburdened mother is by seeing the mother and child in their own home instead of bringing them to the Centre. This is the reason for the large number of home visits by the psychologist shown in a later section of this report.

Often much can be done by guiding the mother on managing her child's problem and occasionally calling on her (supportive treatment). About half the cases can be dealt with by advice and perhaps just one follow up interview. Often an assessment of the child's capabilities has been required and a report to the headteacher on the child's ability gives the required guidance.

#### D. Analysis of Interviews :

##### 1. Interviews with **children** by :

Psychologist .. .. .	249
Psychiatrist .. .. .	89
Social Worker .. .. .	71
Remedial Teachers .. .. .	888
<b>Total ..</b>	<b>1,297</b>

##### 2. Interviews with **parents** by :

Psychologist .. .. .	347
Psychiatrist .. .. .	106
Social Worker .. .. .	187
Remedial Teachers .. .. .	257
<b>Total ..</b>	<b>897</b>

##### 3. **School Visits** by :

Psychologist .. .. .	205
Remedial Teachers .. .. .	147
<b>Total ..</b>	<b>352</b>

##### 4. **Home Visits** by :

Psychologist .. .. .	126
Social Worker .. .. .	34
Remedial Teachers .. .. .	1
<b>Total ..</b>	<b>161</b>

**Grand Total .. 2,707**

#### E. Closures during 1960 :

1. **Total number :** .. .. . 197

##### 2. **Reasons for closures :**

(a) No treatment required. Diagnosis followed by report, recommendation or advice .. ..	127
(b) Child transferred to another department or out of the area .. .. .	4
(c) Parents did not accept offer of treatment ..	12
(d) Problem cleared by time of interview .. ..	4
(e) Cases given regular treatment interviews, supportive treatment or advice and when followed up were found suitable for closure because :	
Condition satisfactory .. .. .	29
Improvement .. .. .	21

The ultimate aim of treating a child or a family situation is to enable them to lead a happier life, and to help them develop their potentialities more fully. This is long-term goal : the immediate aim is to relieve the child of the symptoms and the causes of his unhappiness.

Only the passage of many years can show whether the ultimate aim is attained : the decision as to closure has to be made on symptom relief and satisfactory circumstances. When this is attained the case is closed as 'condition satisfactory'. If the child's symptoms are removed but the circumstances which caused the difficulty remain unchanged, or if the symptoms are only partly removed and further progress depends upon time, the case is noted as 'improvement' in the closure notes. Sometimes, as for example in cases of mental or physical handicap, broken home, invalid or unloving parents, improvement is the most one can hope for. No one can bring back a dead mother to an 8 year old boy.

On closing a case the parents are always told to get in touch if ever there is further cause for concern, but the relapse rate is slight.

#### **F. Composition of Case Load on 31st December 1960 :**

1.	Total number of children	.. .. .	158
2. (a)	Number of children awaiting initial interview	..	13
(b)	Number of children whose treatment has been discontinued or who do not require treatment, but whose progress requires following up	.. ..	39
(c)	Number of cases (excluding " follow-ups ") receiving regular treatment interviews from :		
	Psychologist	.. .. .	42
	Psychiatrist	.. .. .	21
	Remedial Teachers	.. .. .	16
	Social Worker	.. .. .	22
(d)	Number of children concerning whom further information is needed before any action is taken :		5
3.	Number of children referred before 1st January 1960, and still current on 31st December 1960	.. ..	70
	Number referred in 1960 and still current (including " follow-ups " and children awaiting appointment)		88

#### **3. Statutory Examinations under Sections 34 or 57 of the Education Act.**

During 1960, 19 Grimsby children were statutorily examined by the educational psychologist because of physical or mental handicaps. These pupils seemed to need special educational treatment in a special school, or training at an Occupation Centre. In each case, the home was visited before the examination to explain to the parents what was to be done and why it seemed necessary. Often the child concerned was seen on a number of occasions before the actual legal form was completed.



The ages and sex of the 19 children, together with the recommendations made, are shown below.

1. <b>Age</b>	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Number of children</b>	—	—	—	3	—	2	5	3	2	3	1	—	—
2. <b>Sex :</b>	.. 10 Boys, 9 Girls. <b>Total 19</b>												
3. <b>Recommendations :</b>													
Day special school for educationally subnormal children (Carnforth School)	..	..	..	..	..	..	..	..	..	..	10		
Occupation Centre or institution for mentally handicapped children	..	..	..	..	..	..	..	..	..	..	5		
Residential special school for maladjusted pupils	..	..	..	..	..	..	..	..	..	..	2		
De-ascertainment as being no longer in need of special educational treatment	..	..	..	..	..	..	..	..	..	..	1		
Follow-up	..	..	..	..	..	..	..	..	..	..	1		

In these recommendations there is nothing final or irrevocable. They are based on the child's progress and his condition at the time of examination ; from these a forecast is made of the child's educational and social needs. But children change. Because of this, all children at Carnforth School, the Occupation Centre or the residential special schools are kept under close review. Any parent at any time can ask for a re-examination. The residential special schools report on their pupils each year and are visited by the educational psychologist who examines certain of the children when they are home from school.

#### 4. Remedial Teaching Groups in Schools :

(1) **Number of pupils :** During 1960, 629 children received help from the remedial teaching service which is organised in 12 junior schools :

Edward, Little Coates, Nunsthorpe Boys', Old Clee, St. John's, St. Mary's, South Parade, Strand, Weelsby Boys', Weelsby Girls', Welholme Boys' and Welholme Girls'.

In addition special help was given to 143 girls at Nunsthorpe Junior Girls' School where the remedial groups are supervised but not organised by the Service.

(2) **Progress :** Each year there are about 280 new admissions to the remedial classes and in December 1960 there were 418 children receiving such help. Some of the groups meet 5 times a week for about half an hour, others only twice, depending on the availability of staff and the size of the school.

During 1960 : 169 children were able to discontinue attending the classes because their reading had improved sufficiently to enable them to take a full part in the normal work of the class ; 30 left the district ; 2 transferred to other schools and 10 were discharged because they seemed unable to profit from the help.

On average, only about 3% of children are discharged for this last reason, whereas more than 60% make such good progress that they leave the class because they are reading to capacity. About 12% leave because of transfer, and the remaining 25% make progress but for a number of reasons are not discharged during their primary school course.

(3) **Staff :** In October 1960, Miss H. R. Hall was appointed as a remedial teacher for three sessions a week at St. Mary's Junior School. In December, 1960, Mrs. K. Howe discontinued her two sessions at Welholme Junior Girls' but continues to take Old Clee remedial class five sessions a week.

(4) The 7 remedial teachers are doing worthwhile work very effectively. Many pupils, who have not responded to classroom teaching, make progress when given the individual attention of a teacher with only a small group of children. This also enables the class teacher to advance the work of the more able pupils.

(5) Mr. T. D. McKenzie has the special responsibility of supervising the work of the remedial classes. In connection with this he gave 335 group and 15 individual tests during the year, and made 91 school visits.

## 5. Education of Children in Hospital :

Following a request from Scartho Hospital a class was set up in the Children's Ward of Scartho Hospital in May 1960, for five mornings a week, and Mrs. F. M. Ingham was appointed teacher-in-charge.

The aim of the class is two-fold. First to try and ensure that the children do not fall behind in their school work, and that they will be able to return to their normal place in the ordinary school. Secondly, to keep the children busy and happy, and thereby stop homesickness and hasten their recovery.

Any child over the age of 2 years who is fit enough to respond, receives the teacher's attention. The psychologist visits the ward regularly and on a typical day there are about 16 children receiving help. One finds four or five children in dressing gowns and pyjamas playing number games, using construction toys, or doing basketry at a table in the middle of the ward ; two or three patients in bed writing composition, learning French, doing arithmetic or putting models together ; and some little children in bed or in chairs cutting out coloured papers, colouring drawings, crayoning or using plasticine.

Medical care must of course be given priority, and there are inevitable interruptions to teaching while the work of the ward is carried on, but the nursing staff and the teacher co-operate as friendly colleagues and there is a very happy atmosphere. Particular thanks are due to Dr. Stone, the consultant in child health, and Sister Massey-Kohnin for their help in creating this : without their day to day consideration and without Mrs. Ingham's conscientious and skilful approach, the scheme could not work.

A few figures relating to Grimsby children in the class may be of interest :

Number of children who have attended the class since its inception	101
Youngest child	2.0
Oldest child	13.11
Shortest stay	1 session
Longest stay	71 sessions
Average length of stay	8 sessions
Number of sessions the class has been held	119 sessions

In addition to this work at Scartho Hospital, help is also given to a pupil at the Grimsby and District Hospital. This girl who has had more than 18 operations and has spent more than half her life in hospital, receives an individual lesson each afternoon. It is hoped in the near future to set up a class in the children's ward of this hospital.

## SPEECH THERAPY

(Report by Miss G. M. Roberts)

In this report some attempt has been made to compare findings with those of previous years. This is done to give an overall picture of the service as it has become established, and as a guide to what might reasonably be expected of it in the future unless any material change takes place in the school population, which is now 17,455. With the post war bulge now passing through the schools it is not normally likely to increase.

On the 1st January, 1960, 58 patients were receiving regular weekly treatment and 25 were under 3 and 6 monthly observation. There was a carry over waiting list of 62 referrals. During 1960, there have been a further 70 referrals, bringing the total case load to 215. By the end of the year these 215 cases had been disposed of in the following manner :—

**Table 1.**

Treatment	50
Observation	30
Discharged	61
Treatment Refused/Interviews not kept	12
Attended Interviews but no treatment necessary	15
Referred for Opinion only	3
Waiting List	44
	<hr/> 215 <hr/>

An examination of discharged cases is necessary to reveal the actual percentage of successful cases, because cases are closed for other reasons than attainment of normal or near normal speech.



**Table 2.**

Discharged cases :	Total .. ..	61
This figure was made up as follows :—		
Discharged with Normal Speech .. ..	28	
Discharged with near Normal Speech .. ..	9	
Patients moved to other Authorities .. ..	6	
Discharged due to inability to co-operate over lengthy treatment resulting in continual non-attendance without cancellation of appointments.. .. ..	18	

This indicates that something over 60% of the year's work is brought to a really satisfactory conclusion.

**Table 3.**

The 70 referrals to the Speech Clinic were from the following sources :—

Head Teachers .. .. .	49
School Medical Officers .. .. .	11
Scarcho Road Hospital .. .. .	3
Child Guidance Centre .. .. .	3
Parents .. .. .	2
General Practitioners .. .. .	1
Orthodontist .. .. .	1
	<hr/>
	70

It is still regrettable that so few general practitioners are numbered in this table. The family doctor still appears to be inclined to take the attitude that children will grow out of their difficulties without always fully considering the extent of the child's problem or that of its immediate family. That they are mistaken over this seems to be illustrated by the number of children referred by the School Medical Officers, Specialists and also by the Head Teachers, *i.e.*, at a later stage in the child's development.

**Table 4.**

Defects found among the 80 children receiving treatment or under observation :—

	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Retarded Speech and Language Development ..	—	10	10
Retarded Speech and Language Development associated with mental retardation .. ..	3	5	8
Dyslalia .. .. .	3	14	17
Cleft Palate Disorders .. .. .	4	4	8
Excessive Nasal Resonance .. .. .	1	3	4
Developmental Articulatory Dyspraxia .. ..	—	4	4
Developmental Dysphasia (Executive) .. ..	1	1	2
Dysphonia .. .. .	1	—	1
Dysarthria .. .. .	1	—	1
Partial Deafness .. .. .	—	3	3
Stammering .. .. .	3	19	22
	<hr/>	<hr/>	<hr/>
	17	63	80
	<hr/>	<hr/>	<hr/>

This means that approximately 79% of the case load is made up of male patients—compared with last year's percentage of 77%. The slight rise might be attributed to the sudden influx of male stammers.

**Table 5.**

Ages at the time of referral:					<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Pre-school	(under 5 years)	..	..	..	2	5	7
Infant	(5—7 years)	..	..	..	8	33	41
Junior	(7—11 years)	..	..	..	7	17	24
Secondary	(11—15 years)	..	..	..	—	6	6
Secondary VI form	(15+)	..	..	..	—	2	2
					—	—	—
					17	63	80
					—	—	—

The age of referral shows in comparison with earlier years that children are being referred to the centre at a younger age than hitherto. Of this year's case load, 60% have been referred before the age of 7 years.

of	1956	..	..	..	..	37.5%
	1957	..	..	..	..	55.4%
	1958	..	..	..	..	56.25%
	1959	..	..	..	..	73.5%
	1960	..	..	..	..	60%

The high figure for 1959 was the direct result of the anxiety among head teachers the previous year, when the speech therapy centre was closed. The rate of referral now seems to have settled and compares well with other years.

In 1954, when the Centre was re-opened 124 children were referred, in 1956, 66 were referred, in 1957, 51, in 1958, 72, and in 1959, 92.

### Appointments.

From February, 1960, Monday and Wednesday mornings were devoted to interviewing and administration and to school visiting when necessary. These visits are mainly to Infants' Schools unless Head Teachers of Junior Departments have particularly requested them. Wednesday afternoons are divided between a treatment session at Carnforth Day Special School and treatment at the Centre from 4.0—5.30 p.m. The rest of the week is given to treatment sessions.

Appointments offered	..	..	..	..	1,963
Appointments kept	..	..	..	..	1,593
Appointments not kept	..	..	..	..	370
Appointments cancelled in advance	..	..	..	..	11

Attendance	1960	..	..	..	..	81.2%
	1959	..	..	..	..	77.5%
	1958	..	..	..	..	76.15%

### Initial interviews and Interviews with Parents

Arranged	..	..	..	..	..	80
Attended	..	..	..	..	..	68

**Visits.**

During the year the following visits have been made :—

Carnforth Day Special School	..	..	..	33
School Visits	..	..	..	30
Hospital Visits	..	..	..	4
				—
				67
				—

During the year visitors to the Speech Therapy Centre have included Mr. Spencer Harrison, E.N.T. Consultant ; Dr. Graham, S.M.O.; Mrs. J. Stones, L.C.S.T. and Miss J. Hardie, L.C.S.T., and also Miss Joan Farthing, who was interested in Speech Therapy as a career.

**Referrals to Other Departments.**

Some children, 17 altogether, have required other treatment either prior to or concomitant with Speech Therapy. They have been referred as follows:—

To the Ear, Nose and Throat Department, Scartho

Road Hospital	..	..	..	..	..	5
To the Orthodontist	..	..	..	..	..	2
To the Paediatrician	..	..	..	..	..	1
To Child Guidance	..	..	..	..	..	2
To the School Clinic for Audiometric Testing	..	..	..	..	..	4
To Speech Therapists in other areas	..	..	..	..	..	3
						—
						17
						—

During the year two county meetings have been attended but no other courses. In January, 1961, an interesting visit is planned to London in order to observe some cleft palate and plastic surgery on one of my patients. This is to be followed by a demonstration of recent experimental work in the field of cleft palate surgery and has been arranged solely for my benefit by the surgeon concerned.

The arrival of a new Ferrograph Tape Recorder in September of this year was also a highlight and it is proving to be a valuable piece of clinical equipment.

As usual I should like to thank all those who have helped either my patients or myself and hope that the present spirit of close co-operation will continue for the future.

**PHYSICAL EDUCATION**

(Report by Mr. L. R. G. Welham, Organiser of Physical Education)

A steady development in all branches of physical education took place during 1960. The increase in the better facilities available as progress in the school building and remodelling programme proceeded resulted in more children participating in more activities, clubs and games. The amenities allowance granted to all junior and secondary schools resulted in a marked improvement in the dress of children changing for exercise, particularly when taking part in games. Much still remains to be achieved, however, in this respect and further parental co-operation and help from the authority will be needed before the pupils can obtain the maximum benefit from the opportunities now open to them.



The present national shortage of teachers, particularly in the secondary schools, was experienced in some of the physical education departments of our schools. The facilities available considerably influence the young teacher in his choice of Authority when seeking his first appointment. Our newer schools were more fortunate in this respect. The attractions of well designed and equipped gymnasia, showers and changing rooms, together with adequate well-kept playing fields resulted in applications and appointments of a number of these newly qualified teachers. The judicious use of special post allowances also contributed in maintaining the supply of teachers during this difficult period.

This nation-wide dearth of secondary school teachers is, of course, fully realised by the Minister of Education, but training of many more specialist teachers if physical education is vitally essential to the physical welfare of the nation if the comprehensive sports and outdoor activities taught in schools are to be expanded and continued after school age, as outlined in the Wolfenden and Albermarle Reports of 1960.

**Primary Schools.**—Physical education in the primary schools continued on the same lines as that of recent years. Programmes were designed to introduce the young children to a range of exercises and activities which provided maximum movement in joints whilst developing strength. Flexibility and suppleness were maintained and confidence and self-reliance were developed. Climbing apparatus and agility apparatus were used to good purpose and remained a most popular means of obtaining activity, and as young children enjoy movement one of the principal aims in the infants schools was to satisfy this natural urge. In addition to using apparatus, many schools took the Music and Movement lessons broadcast by the B.B.C. Some schools also used percussion instruments for this training.

All primary junior schools continued training in the basic agility and games skills and good use was made of the facilities available for them to practise these both indoors and outside. Games training developed and most schools took part in the junior competitions for football and netball. The annual Junior School Netball Competition, held on Clee Fields, resulted in Western Primary Junior School being the winners. The three Netball Leagues for junior schools were won by Little Coates, Edward and Western Schools respectively. The Asher Cup for Junior School Football was won by Nunsthorpe Primary Boys' School. Nunsthorpe and Little Coates Primary Schools also won two of the three Football Leagues.

A considerable increase in the interest shown in primary school athletics has developed during the past few years and for the first time a separate Primary Schools Athletics Competition was held. A total of 1,420 children took part on the Heats evenings and 500 of these went forward to take part on Sports Day.

Again this year a Folk Dance Party for junior schools was held on the quadrangle of Nunsthorpe Primary Girls' School. Nine schools team took part in a variety of National dances performed either as communal or as specialised dances.

**Secondary Schools.**—Whilst the gymnasium lesson remained the basis of the physical education undertaken in the secondary schools for both boys and girls, the content of the lessons embraced a wide curriculum of activities which have now become a feature of modern teaching.

The skills associated with gymnastics, athletics, football, boxing, rugby football, tennis, netball, hockey, cricket, basket-ball, badminton, dancing, archery and weight training were all to be seen in schools and cross-country running, camping, sailing and swimming added to the physical activities carried out during the year.

All secondary modern schools took part in the many competitions and leagues which were held at local, regional, country or national level and the honours gained were spread surprisingly evenly amongst the majority of the schools competing.

Most schools held clubs which enabled activities to be practised to a higher or more specialised degree by pupils wishing to do so. Additional swimming periods were arranged at Eleanor Street Baths from 4.0—5.30 p.m. for some schools, but requests for these periods far exceeded the ability to provide them.

All schools held athletic sports days, culminating in a separate athletics competition held on Clee Fields. The standard of performance continued to rise and many records were broken. Teams selected by the Grimsby, Cleethorpes and District School Sports Association entered the national competitions for athletics, football and swimming.

In the County Athletics Championships held at Scunthorpe, 40 pupils represented the Grimsby team. In the final placings, Grimsby won the Senior Boys' and Senior Girls' Competitions, and were placed second in each of the competitions for Intermediate Boys, Intermediate Girls and Junior Girls. The Junior Boys' Team was placed sixth.

Of the 34 competitors who went to Shrewsbury as Lincolnshire representatives in the National Athletics Championships, 10 were selected from Grimsby. Our best performance was made by Valerie Smith of Wintringham Girls' Grammar School, who came 3rd in the final of the 880 yards for senior girls.

Cross-country running was again popular and many training runs and House Competitions were held leading up to area, county and national matches. There was a record number of teams and individuals in the Grimsby, Cleethorpes and District annual cross-country competition held at Cleethorpes, 32 teams and 175 individuals taking part. Havelock were the team winners, with the Technical Secondary School having the first two boys home.

A full entry of 30 boys and girls was made in the County Swimming Championships held at Lincoln, our two teams finishing in 2nd place. Susan Eley, Wintringham Girls' Grammar School, was outstanding and was subsequently selected to swim for Lincolnshire at Hull and York and for Division 3 (Yorks. and Lincs.) in the E.S.S.A. National Championships at Huddersfield.

All secondary modern girls' schools took part in the Netball League, the Armstrong team being outstanding in completing the season with an unbeaten record. In the competition organised by the Lincolnshire County Netball Association, this team represented the County in the East Midlands Competition held at Wellingborough, Northamptonshire. They did exceptionally well and were runners-up to the winners from Nottinghamshire. In this season's County Competition they have again beaten all teams in the north of the county and now proceed to the County Finals.

Hockey continued to develop slowly, the adverse weather conditions hampering the great expansion which had been expected in the development of the game.

Rugby football was introduced at Chelmsford Secondary Boys' School as an alternative game to association football during the winter. This was limited to two forms in their 3rd and 4th years. It proved popular with these boys and is being developed.

Association football remained the main winter game for boys and all secondary schools took part in the competitions for the under 15's. Twenty three teams competed in four leagues, organised by the Grimsby Cleethorpes and District Schools' Sports Association, these matches being played after school or on Saturdays.

In addition to entering teams in the local leagues and competitions, the two Grammar Schools, Havelock School and the Technical School participated in competitions organised specifically for older pupils. Many of these competitions were held within the county area, but visits by teams and individuals to take part in competitions at Shrewsbury, Leeds, West Bromwich, Ecclesfield and Cambridge indicates the extent of the growth of competition throughout the country.

International honours were gained by J. A. Waite, Wintringham Boys' Grammar School, who was selected to play for the England Youth XI which toured the continent during Easter to play football. He was also selected to attend the F.A. Schools Week Coaching Course, but withdrew in favour of the Continental tour.

Facilities for physical education in secondary schools improved during the year, particularly in respect of better and more playing fields, but the increase in the number of pupils attending the Havelock School caused further difficulties with regard to the physical activity taken indoors, by both boys and girls. The building of new gymnasias became even more urgent and necessary.

The Nautical section of the College of Further Education included regular periods of physical education in their scheme of work. The students met at Chelmsford Secondary Boys' School on Saturday mornings and proceeded to periods of training either in the gymnasium, on the playing field or on the Docks. On Tuesday evenings further instruction in swimming, judo and rope work was held at the Eleanor Street Evening Centre. Physical activities for other sections of the College were limited either to two games or swimming, but a



nucleus of activity was established which should develop rapidly on completion of the 3rd instalment of the College building programme. Team were formed for association football, rugby, cricket, tennis, hockey and netball and a series of games were played.

**School Camp.—Humberstone.**—The success of the first school camps held at Humberstone during 1959 resulted in a great increase in requests by schools for consideration for the 1960 camp. Allocation of places was therefore restricted to schools whose children were likely to obtain most benefit from a week in the open air, receiving at the same time, regular and substantial meals and experience in communal living. The need for training in social habit was considered most important after the experience gained on the initial camp of 1959. This fact again emerged and was consistently referred to by the teachers in charge of the parties.

The camp was held for seven weeks, each school attending from Monday to Friday. 352 children attended in groups from Armstrong Secondary Boys' School, Armstrong Secondary Girls' School, and from Strand, Weelsby Boys', Nunthorpe Boys', Nunthorpe Girls', Little Coates, Macaulay, South Parade and Western Primary Junior Schools. The camping season was, fortunately, completed before the onset of the wet summer, so that maximum benefit was obtained.

The venture could not have been made but for the willing and enthusiastic co-operation of the 24 teachers who were in charge and the many other teachers who gave freely of their time in the evenings to relieve their colleagues for a few hours. It was an exacting week for them and tribute must be paid to them.

**Swimming.**—It has been a feature of recent reports to comment on the demand being greatly in excess of the facilities available for swimming. This year was no exception and both baths were used to capacity. The results were again outstanding and indicate what could and no doubt will be achieved when more and better baths are available.

The number of non-swimmers, who were taught to swim, was the highest recorded in any year (1,341).

Ability to swim is an accomplishment that every child should have the opportunity to achieve, and the action of the Borough Council in persisting with the building of the Scartho Road Bath will go a long way to meet this. I would, however, stress that more baths will be required if every child is to have the opportunity of receiving progressive swimming instruction during his school life. This year seven schools with a total of over 4,000 pupils were not able to have this instruction.

2,511 children's names were included on the swimming registers. The total number of children able to swim was 2,012 (926 girls, 1,086 boys) *i.e.*, 80.1% of those on the registers. Of this number 1,341 learned to swim (1,024 primary and 317 secondary school children) *i.e.*, 53.4% of those on registers.

The grade badges, awarded as an incentive to further effort, resulted in 687 1st grade, 228 2nd grade and 26 3rd grade badges being awarded. Unfortunately it was not possible to include training in Life Saving and Life Saving Awards owing to the lack of facilities. Instruction in diving also had to be severely restricted owing to the depth of the water.

Advanced tests arranged in connection with the English Schools Swimming Association resulted in nine awards being gained.

Swimming galas were again held at the end of each term at Orwell Street Baths, children from both primary and secondary schools taking part.

**Playing Fields.**—Considerable progress was made in the provision of new playing fields and in improving the playing surfaces of others. The scope for playing games on grass pitches was increased during the year by the provision of areas adjacent to the Macaulay, South Parade, Welholme and Havelock Schools. These fields should be in full use by Easter, 1961. Part of the College of Further Education playing field was sown and will be available for a limited number of activities during the coming year. Major improvements were carried out on the Chelmsford and Carnforth School fields and these should be completed during 1961. Work on the Western Secondary Schools fields was also started but the inclement weather experienced during the last half of the year slowed much of the progress which normally would have been made.

There was an increase in requests for the use of pitches by Youth and other organisations, and although in most cases it was possible to meet the demand it will be increasingly difficult to do so in the future. Part of the land at Hereford Avenue used by the Technical Secondary School and by Youth Clubs will no longer be available once building operations for the Hereford Avenue School begin. The other secondary schools already have a Saturday fixture programme so their fields will not be available to any extent for Youth Clubs. Clee Playing Field is already fully used throughout the week. With the impending expansion of the Youth Service in Grimsby, urgent consideration should be given to this matter of playing facilities as any future development of sport within the Youth Service will be seriously hampered if the number of pitches is not greatly increased.

A great increase in the playing of tennis in schools took place during the year due, in part, to the provision of courts at the new secondary schools as part of the building programme. The public courts at Barratts, Grant Thorold and the Boulevard were well used by schools not possessing their own, but the restrictions on the use of courts imposed by the requirements of the public prevented full use being made of them.

The provision of netting to surround the hard playing areas at the two Grammar Schools and at the two Chelmsford Secondary Schools would enable a further extension of tennis to be played at these schools and at the same time enable a better choice of times for the use of the courts at Barratts Recreation Ground by the Technical Secondary School and the College of Further Education students.

**Teachers' Courses.**—A swimming course for teachers was held during the summer term at Eleanor Street Baths. Thirteen teachers took the Royal Life Saving Society's awards and all were successful. 27 awards were gained by them.

A short course for the teaching of tennis was held at Chelmsford Secondary Girls' School and eight teachers attended.

Two teachers attended the Football Association Coaching Course held at Lilleshall Hall, Shropshire, and both gained the coaching certificate.

**Conclusion.**—I would like to thank the Director of Education and the Medical Officer of Health and their staffs, whose advice and assistance have always been readily available. Thanks must also be given to the teachers who ran clubs, trained teams and officiated at the many matches and competitions held during the year. Also, too, must be mentioned the excellent work of the Grimsby, Cleethorpes and District Schools' Sports Association, who once again carried out an extensive programme of sport on an increasing scale.



**PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(Including Nursery and Special Schools)**

**TABLE A.—PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	159	159	100	—	—
1955	1,089	1,081	99.26	8	0.74
1954	548	546	99.64	2	0.36
1953	48	47	97.90	1	2.10
1952	8	7	87.50	1	12.50
1951	56	56	100	—	—
1950	40	40	100	—	—
1949	1,105	1,104	99.90	1	0.10
1948	515	515	100	—	—
1947	40	40	100	—	—
1946	135	135	100	—	—
1945 and earlier	1,368	1,368	100	—	—
TOTAL	5,111	5,098	99.75	13	0.25

**TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS**  
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1956 and later	—	37	33
1955	1	219	193
1954	1	126	111
1953	—	5	4
1952	—	1	1
1951	—	8	8
1950	1	1	1
1949	45	188	212
1948	20	86	96
1947	—	—	—
1946	3	5	7
1945 and earlier	74	111	170
TOTAL	145	787	836

**TABLE C.—OTHER INSPECTIONS**

Number of Special Inspections ... ..	77
Number of Re-inspections ... ..	56
TOTAL ... ..	133

**TABLE D.—INFESTATION WITH VERMIN**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ..	34,404
(b) Total number of individual pupils found to be infested ... ..	733
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... ..	136
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... ..	91

**PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR**

**TABLE A.—PERIODIC INSPECTIONS**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin ...	13	82	9	30	17	68	39	180
5	Eyes—								
	a. Vision ...	2	23	75	283	68	247	145	553
	b. Squint ...	2	49	1	36	2	60	5	145
	c. Other ...	1	17	1	9	—	19	2	45
6	Ears—								
	a. Hearing ...	2	2	1	11	10	14	13	27
	b. Otitis ...								
	Media ...	1	18	3	18	7	34	11	70
	c. Other ...	2	14	—	3	3	7	5	24
7	Nose and								
	Throat ...	40	253	10	55	20	90	70	398
8	Speech ...	5	31	1	5	3	28	9	64
9	Lymphatic								
	Glands ...	1	95	1	6	1	31	3	132
10	Heart ...	6	13	8	23	5	17	19	53
11	Lungs ...	17	58	—	17	2	45	19	120
12	Develop- mental—								
	a. Hernia...	2	4	—	5	1	2	3	11
	b. Other ...	2	26	1	12	2	55	5	93
13	Orthopaedic								
	a. Posture ...	—	5	—	3	—	4	—	12
	b. Feet ...	13	34	—	16	2	37	15	87
	c. Other ...	51	105	5	33	14	94	70	232
14	Nervous								
	System—								
	a. Epilepsy ...	—	5	—	3	—	10	—	18
	b. Other ...	—	6	1	1	—	9	1	16
15	Psychological								
	a. Develop- ment ...	—	7	—	7	—	136	—	150
	b. Stability ...	10	49	—	11	4	36	14	96
16	Abdomen ...	—	12	—	4	1	12	1	28
17	Other ...	1	6	—	12	—	9	1	27



TABLE B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
(1)	(2)		
4	Skin ... ..	30	—
5	Eyes— <i>a.</i> Vision ... ..	14	—
	<i>b.</i> Squint ... ..	3	—
	<i>c.</i> Other ... ..	12	—
6	Ears— <i>a.</i> Hearing ... ..	—	—
	<i>b.</i> Otitis Media ... ..	3	—
	<i>c.</i> Other ... ..	7	—
7	Nose and Throat ... ..	—	—
8	Speech ... ..	—	1
9	Lymphatic Glands ... ..	—	—
10	Heart ... ..	1	—
11	Lungs ... ..	—	—
12	Developmental—		
	<i>a.</i> Hernia... ..	—	—
	<i>b.</i> Other ... ..	—	—
13	Orthopaedic—		
	<i>a.</i> Posture ... ..	—	—
	<i>b.</i> Feet ... ..	3	1
	<i>c.</i> Other ... ..	3	1
14	Nervous system		
	<i>a.</i> Epilepsy ... ..	—	—
	<i>b.</i> Other ... ..	1	—
15	Psychological—		
	<i>a.</i> Development ... ..	—	—
	<i>b.</i> Stability ... ..	—	—
16	Abdomen ... ..	—	—
17	Other ... ..	1	—

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY  
AND SPECIAL SCHOOLS)**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	10
Errors of refraction (including squint) ... ..	2,014
Total ... ..	2,024
Number of pupils for whom spectacles were pres- cribed ... ..	1,855

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	12
(b) for adenoids and chronic tonsillitis ... ..	235
(c) for other nose and throat conditions ... ..	14
Received other forms of treatment ... ..	36
Total ... ..	297
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960 ... ..	—
(b) in previous years ... ..	4

**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients depart- ments ... ..	236
(b) Pupils treated at school for postural defects ... ..	—
Total ... ..	236

**TABLE D.—DISEASES OF THE SKIN**  
(excluding uncleanliness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp ... ..	—
(b) Body ... ..	—
Scabies ... ..	25
Impetigo ... ..	16
Other skin diseases ... ..	5
Total ... ..	46

**TABLE E.—CHILD GUIDANCE TREATMENT**

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ... ..	361

**TABLE F.—SPEECH THERAPY**

	Number of cases known to have been treated
Pupils treated by speech therapists ... ..	169

**TABLE G.—OTHER TREATMENT GIVEN**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ... ..	109
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vaccination ... ..	2,204
(d) Other than (a), (b) and (c) above.	
Please specify : 1—Respiratory System ... ..	12
2—Cardio-Vascular System ... ..	11
3—Alimentary System ... ..	133
4—Central Nervous System ... ..	10
5—Genito-Urinary System ... ..	31
6—Other conditions not speci- fied. ... ..	44
Total (a)—(d)	2,554



**PART IV—DENTAL INSPECTION AND TREATMENT  
CARRIED OUT BY THE AUTHORITY.**

1.	Number of pupils inspected by the Authority's Dental Officers—				
	(a)	At Periodic Inspection	...	...	5,306
	(b)	As Specials	...	...	3,737
		Total (1)	...	...	<u>9,043</u>
2.	Number found to require treatment				7,826
3.	Number offered treatment				7,826
4.	Number actually treated				6,705
5.	Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11 (h) overleaf				<u>10,809</u>
6.	Half-days devoted to : Periodic (School)				
	Inspection	...	...	...	39
		Treatment	...	...	2,120
		Total (6)	...	...	<u>2,159</u>
7.	Fillings : Permanent Teeth				4,892
	Temporary Teeth				348
		Total (7)	...	...	<u>5,240</u>
8.	Number of teeth filled : Permanent Teeth				4,764
	Temporary Teeth				348
		Total (8)	...	...	<u>5,112</u>
9.	Extractions : Permanent Teeth				1,657
	Temporary Teeth				4,983
		Total (9)	...	...	<u>6,640</u>
10.	Administration of general anaesthetics for extraction				<u>2,982</u>

## 11. Orthodontics :

(a)	Cases commenced during the year	...	...	124
(b)	Cases brought forward from previous year	...		34
(c)	Cases completed during the year	...	...	47
(d)	Cases discontinued during the year	...	...	7
(e)	Pupils treated by means of appliances	...	...	158
(f)	Removable appliances fitted	...	...	123
(g)	Fixed appliances fitted	...	...	25
(h)	Total attendances	...	...	<u>1,058</u>

12. Number of pupils supplied with artificial teeth ... 38

## 13. Other operations :

Permanent Teeth	...	...	...	1,910
Temporary Teeth ...	...	...	...	1,875
Total (13)	...			<u>3,785</u>









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